

## CASE CLOSURE FORM

Name of Cases: Akzo Nobel Surface Chemistry LLC - Ft. Worth Plant

Docket Number: CAA-06-2005-3532

Date Complaints Issued: 04-20-2005

Date Concluded: 06-03-2005

How Concluded: Paid Penalties; Submitted RMPs

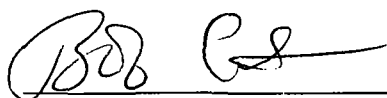
Date of Case Conclusion Data Sheets: 06-17-2005

Date Penalty Due: \$ 540.00

Date Penalty Collected: 05-06-2005

Additional Settlement Conditions:

Date Settlement Conditions Satisfied:



Case Handler

6-20-05

Date




CONCURRENCE ROUTING RISK MANAGEMENT PLAN (RMP)  
ENFORCEMENT

**TYPE OF ACTION:** Final Order of Expedited Settlement Agreement (ESA)

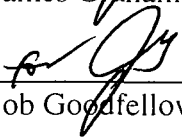
Akzo Noble Surface Chemistry LLC  
Ft. Worth, Texas

  
6RA: Richard E. Greene

Date:

  
6SF-RC: James Graham

  
Date:

  
6SF-RC: Bob Goodfellow

  
Date:

When Concurrence is completed please contact Elizabeth Rogers at (x6708) for pickup.

JUN 01 2005



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 6  
1445 ROSS AVENUE, SUITE 1200  
DALLAS, TEXAS 75202-2733

08 JUL 7 2005

EXPEDITED SETTLEMENT AGREEMENT (ESA)

REGIONAL HEARING CLERK  
REGION VI

**DOCKET NO: 06-2005-3532**

**This complaint is issued to: Akzo Nobel Surface Chemistry LLC Ft Worth Plant  
At: 611 E. Northside Dr, Fort Worth, TX  
for violating Section 112(r)(7) of the Clean Air Act.**

This Expedited Settlement Agreement (ESA) is being entered into by the United States Environmental Protection Agency (EPA), Region 6, by its duly delegated official, the Director, Superfund Division, and by Respondent pursuant to Section 113(a)(3) and (d) of the Clean Air Act, 42 U.S.C. § 7413(a)(3) and (d), and by 40 C.F.R. § 22.13(b). On August 13, 2003, EPA obtained the concurrence of the U.S. Department of Justice, pursuant to Section 113(d)(1) of the Act, 42 U.S.C. § 7413(d)(1), to pursue this administrative enforcement action.

On March 23, 2005, an authorized representative of the EPA conducted a compliance inspection of the subject facility (Respondent) to determine compliance with the Risk Management Plan (RMP) regulations promulgated at 40 C.F.R. Part 68 under Section 112(r) of the Act. EPA found that the Respondent had violated regulations implementing Section 112(r) of the Act by failing to comply with the regulations as noted on the attached RISK MANAGEMENT PLAN INSPECTION FINDINGS, ALLEGED VIOLATIONS AND PROPOSED PENALTY SHEET ("FORM"), which is hereby incorporated by reference.

SETTLEMENT

In consideration of Respondent's size of business, its full compliance history, its good faith effort to comply, and other factors as justice may require, and upon consideration of the entire record the parties enter into the ESA in order to settle the violations, described in the attached FORM for the total penalty amount of **\$540.00**.

This settlement is subject to the following terms and conditions:

The Respondent by signing below waives any objections that it may have regarding jurisdiction, neither admits nor denies the specific factual allegations contained herein, and consents to the assessment of the penalty as stated above. Respondent waives its rights to a hearing afforded by Section 113(d)(2)(A) of the Act, 42 U.S.C § 7413(d)(2)(A), and to appeal this ESA. Each party to this action shall bear its own costs and fees, if any. Respondent also certifies, subject to civil and criminal penalties for making a false submission to the United States Government, that the Respondent has corrected the violations listed in the attached FORM and has sent a cashier's check or certified check (payable to the "Treasurer, United States of America") in the amount of **\$540.00** in payment of the full penalty amount to the following address:

U.S. EPA Region 6  
Regional Hearing Clerk (RC-HO)  
P.O. Box 371099M  
Pittsburgh, PA 15251

The DOCKET NUMBER OF THIS EXPEDITED SETTLEMENT AGREEMENT must be included on the certified check. (The DOCKET NUMBER is located at the top left corner of this Expedited Settlement Agreement.)

This original Settlement Agreement and a copy of the certified check must be sent by certified mail to:

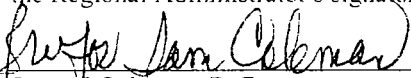
Elizabeth R. Rogers  
112(r) Compliance Officer  
Superfund Division (6SF-RC)  
U.S. Environmental Protection Agency Region 6  
1445 Ross Avenue  
Dallas, Texas 75202-2733

Upon the Respondent's signing and submission of this Settlement Agreement, EPA will take no further action against the Respondent for the alleged violations of the Clean Air Act described in the above Form. EPA does not waive any enforcement action by EPA for any other past, present, or future violations under the Clean Air Act or any other statute.

If the Settlement Agreement with an attached copy of the certified check is not returned to the EPA Region 6 office at the above address in correct form by the Respondent within 45 days of the date of the receipt of this Settlement Agreement, the Complaint and Expedited Settlement Agreement is withdrawn, without prejudice to EPA's ability to file additional enforcement actions for the violations identified in this Settlement Agreement.

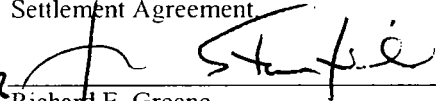
Respondent has the right to request a hearing on any material fact or on the appropriateness of the penalty contained in this complaint pursuant to 40 CFR § 22.14. Upon signing and returning of this Settlement Agreement to EPA, the Respondent waives the opportunity for a hearing pursuant to Section 113(d)(2)(A) of the Clean Air Act, 42 U.S.C. § 7413(d)(2)(A).

This Settlement Agreement is binding on the EPA and the Respondent signing below. By signing below, the Respondent waives any objections to EPA's jurisdiction with respect to the Settlement Agreement and consents to EPA's approval of this Settlement Agreement without further notice. This Settlement Agreement is effective upon the Regional Administrator's signature.

  
\_\_\_\_\_  
Samuel Coleman, P. E.  
Director  
Superfund Division

Date: 4/20/05

It is so ORDERED. This Order shall become effective upon filing of the fully executed Complaint and Expedited Settlement Agreement.

  
\_\_\_\_\_  
Richard E. Greene  
Regional Administrator

Date: 6/3/05

SIGNATURE BY RESPONDENT:

Signature: \_\_\_\_\_

Date: 27 May 05

Name (print): Ryan Reark

Title (print): Site Manager - Fort Worth Plant

Cost of Corrective Actions: \$ 1125.00

RECEIVED  
JUNE 1  
2005 AM 7:33  
RESPONSE AND  
PREVENTION BRANCH

**BANK ONE**

FOR YOUR PROTECTION SAVE THIS COPY  
OFFICIAL CHECK

Customer Copy

(b) (4)

Illinois

05/06/2005

Remitter AKZO NOBEL SURFACE CHEMISTRY LLC

Pay To The  
Order Of

TREASURER, UNITED STATES OF AMERICA  
DOCKET No 06-2005-3532

\$ \*\*\*\*\*540.00 \*\*\*

Drawer: JPMORGAN CHASE BANK, N.A.

**NON NEGOTIABLE**

**TERMS**

KEEP THIS COPY FOR YOUR RECORD OF THE TRANSACTION. TO REPORT A LOSS OR FOR ANY OTHER INFORMATION ABOUT THE INSTRUMENT, CONTACT THE INSTITUTION FROM WHICH YOU RECEIVED THE INSTRUMENT.

499156243822 Rev.1 5/04 M 61828-K / M 1030817

**BANK ONE**

Illinois

Remitter AKZO NOBEL SURFACE CHEMISTRY LLC

Pay: FIVE HUNDRED FORTY DOLLARS AND 00 CENTS

Pay To The  
Order Of

TREASURER, UNITED STATES OF AMERICA  
DOCKET No 06-2005-3532

\$ \*\*\*\*\*540.00 \*\*\*

Drawer: JPMORGAN CHASE BANK, N.A.

*Stephen P. Hughes*  
First Vice President

Issued by Integrated Payment Systems Inc., Englewood, Colorado  
JPMorgan Chase Bank, N.A., Denver, Colorado

(b) (4)



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY**

REGION 6  
1445 ROSS AVENUE, SUITE 1200  
DALLAS, TX 75202-2733

JUN 07 2005

Mr. Robert Durden, Safety Manager  
Akzo Nobel Surface Chemistry LLC - Ft. Worth Plant  
611 E. Northside Drive  
Fort Worth, TX 76106

**Re:** Expedited Settlement Agreement-Final Order  
Docket No. CAA-06-2005-3532

Dear Mr. Durden:

Enclosed for your records is a copy of the fully executed Expedited Settlement Agreement (ESA) for the CAA 112(r) violation found at the Akzo Nobel Surface Chemistry LLC - Ft. Worth Plant located in Fort Worth, Texas.

If you have any questions regarding this matter, please do not hesitate to call. I may be reached by phone at (214) 665-6632 or by email at [GOODFELLOW.BOB@EPA.GOV](mailto:GOODFELLOW.BOB@EPA.GOV).

Sincerely,

A handwritten signature in black ink, appearing to read "Bob Goodfellow".

Bob Goodfellow  
Response and Prevention Branch  
EPA Region 6

Enclosure

JUN 07 2005

Mr. Robert Durden, Safety Manager  
Akzo Nobel Surface Chemistry LLC - Ft. Worth Plant  
611 E. Northside Drive  
Fort Worth, TX 76106

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Docket No. CAA-06-2005-3532

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Sincerely,

Bob Goodfellow  
Response and Prevention Branch  
EPA Region 6

Enclosure

REQUEST FOR APPROVAL OF FINAL ORDER  
EXPEDITED SETTLEMENT AGREEMENT

SUMMARY OF CASE

RESPONDENT: Akzo Nobel Surface Chemistry LLC

VIOLATION: Failure to file an RMP

PENALTY AMOUNT: \$ 540.00

STAKE HOLDER ISSUES: None

CASE CONTACT: Chris Ruhl, ext. 7356



### Case Conclusion Data Sheet

### A. Case and Facility Background

1. Enforcement Action ID CAA-06-2005-3532
2. Enforcement Action Name Akzo Nobel Surface Chemistry LLC - Ft. Worth Plant
3. Settlement Action Type
- ☐ (a) Consent decree or court order resolving a judicial action ☐ (e) Federal Facility Compliance Agreement (not incl. RCRA matters)
- ☐ (b) Admin. Compliance Order (with/without injunctive relief) ☐ (f) Superfund Administrative Order for Cost Recovery
- ☒ (c) Admin. Penalty Order (with/without injunctive relief)
- ☐ (d) Notice of Determination
4. Was Alternative Dispute Resolution used in this action (Y/N)
5. Was an Environmental Management System requested (Y/N)
6. Administrative Action Date: Final Order Issued: 06-03-2005
- or
- Civil Action Date: CD Lodged \_\_\_\_\_ CD Entered \_\_\_\_\_
7. Respondent(s) \_\_\_\_\_
8. Federal Statute(s) violated (e.g., CAA, EPCRA, etc.) (Not U.S.C. or CFR) CAA 112(r)
9. Facility Name(s) Akzo Nobel Surface Chemistry LLC - Ft. Worth Plant
10. Facility Address(s) Street: 611 E. Northside Drive City: Ft. Worth County: \_\_\_\_\_
- St: Texas Zip: 76106

**B. Penalty** (if there is no penalty, enter 0 and proceed to #15)

11. For multimedia actions, Cash Civil Penalty Amount Required by statute:
- | Statute | Amount   |
|---------|----------|
| _____   | \$ _____ |
12. Federal Penalty Required \$ 540.00
13. (if shared) State/Local Penalty Amount \$ \_\_\_\_\_

### C. Cost Recovery

14. Amount cost recovery Required: \$\_\_\_\_\_ EPA \$\_\_\_\_\_ State and/or Local Government  
\$\_\_\_\_\_ Other

**D. Supplemental Environmental Project (SEP) Information** (Y/N) If Yes, for each SEP provide the following:

15. Is Environmental Justice addressed by impact of SEP? (Y/N)
16. SEP description
17. Category of SEP(s)
- \_\_\_ (a) Public Health
  - \_\_\_ (b) Pollution Prevention (Complete Q. 19)
    - \_\_\_ (1) equipment/technology modifications
    - \_\_\_ (2) process/procedure modification
    - \_\_\_ (3) product reformulation/redesign
    - \_\_\_ (4) raw materials substitution
    - \_\_\_ (5) improved housekeeping/O&M/training/inventory-control
    - \_\_\_ (6) in-process recycling
    - \_\_\_ (7) energy efficiency/conservation
  - \_\_\_ (c) Pollution Reduction (Complete Q. 19)
  - \_\_\_ (d) Environmental Restoration and Protection
  - \_\_\_ (e) Assessments and Audits
  - \_\_\_ (f) Environmental Compliance Promotion
  - \_\_\_ (g) Emergency Planning and Preparedness
  - \_\_\_ (h) Other Program Specific SEP
18. Cost of SEP. Cost calculated by the Project Model is required. \$

19. Quantitative environmental pollutants and/or chemicals and/or waste-streams, amount of reductions/eliminations

(e.g., emissions/discharges)

### ENVIRONMENTAL BENEFIT OF SEP

<u>Pollutant/Chemical/Waste Stream</u>	<u>Amount</u>	<u>Units (circle one)</u>	<u>Potentially Impacted Media</u>
		Pounds/yr	Air
		People	Land
		Acres	Water (navigable/surface)
		Linear Feet ss	Water (wetlands)
		Linear Feet ms	Water (wastewater to a POTW)
		Linear Feet ls	Water (underground source of drinking water)
		Gallons/yr	Water (ground)
		Pounds	Animals/Plants/Humans
			Buildings/Houses/Schools

**E. Injunctive Relief/Compliance Actions** (Non-SEP)(APO's w/o inj. relief [4©) above], Superfund Admin Cost Recovery Agreements[4(f) above] SKIP THIS SECTION)

20. What action did violator accomplish prior to receipt of settlement/order or will take to return to compliance or meet addl. requirements (other than what has already been reported on the Inspection Conclusion Data Sheet (ICDS)). This may be due to settlement/order requirements or otherwise required by statute or regulation (e.g. actions related to an APO which did not specify compliance requirements). Where separate penalty and/or compliance orders are issued in connection w/same violation(s), report the following information for only one. Select response(s) from the following:

**Actions with Direct Environmental Benefits and/or Direct**

**Response/Corrective Action**

- ☐ Source Reduction/Waste Minimization (RCRA)
- ☐ Industrial/Municipal Process Change (includes flow reduction)
- ☐ Emissions/Discharge Change (e.g. end-of-pipe treatment)
- ☐ Implement Best Management Practices (BMPs)
- ☐ Wetlands Mitigation
- ☐ In-situ and Ex-situ Treatment (CERCLA/RCRA Corrective Action)
- ☐ Waste Treatment (RCRA/TSCA)
- ☐ Removal of Spill
- ☐ Removal of Contaminated Medium (soil, drums etc.)
- ☐ Containment (CERCLA)
- ☐ Leak Repair (CAA)
- ☐ Import Denied (FIFRA)
- ☐ Pesticide Destroyed (FIFRA)

**Preventative Actions to Reduce Likelihood of Future Releases**

- ☐ Disposal Change
- ☐ Storage Change
- ☐ Develop/Implement Asbestos Management Plan
- ☐ Develop/Implement Spill Prevention and Countermeasures Control (SPCC) Plan
- ☐ Obtain Permit for Underground Injection (UIC)
- ☐ UIC Plug and Abandon
- ☐ UIC Demonstrate Mechanical Integrity
- ☐ UST Tank Closure
- ☐ UST Secondary Containment
- ☐ UST Corrosion or Overfill Protection

**Facility/Site Management and Info. Practices**

- ☐ Testing/Sampling
- ☐ Auditing
- ☐ Labeling
- ☐ Record keeping
- ☐ Reporting
- ☐ Information Letter Response
- ☐ Financial Responsibility Requirements
- ☐ Environmental Management Review
- ☐ RI/FS or RD (CERCLA)
- ☐ Site Assessment/Characterization (CERCLA)
- ☐ Provide Site Access (CERCLA)
- ☐ Monitoring
- ☐ UST Release Detection
- ☐ Storm water Site Inspections
- ☐ Asbestos Inspections
- ☐ Training
- ☐ Planning
- ☐ Permit Application
- ☐ Work Practices
- ☐ Notification (TSCA Section 6)
- ☐ Leak Detection (CAA)
- ☐ Spill Notification
- ☐ Develop/Implement CMOM Program (CWA)

- \_\_\_ RCRA Labeling/Manifesting
- \_\_\_ RCRA Waste Identification
- \_\_\_ RCRA Secondary Containment
- \_\_\_ Lead-Based Paint Disclosure
- \_\_\_ Lead-Based Paint Removal Training/Certification
- \_\_\_ Asbestos Training/Certification/Accreditation
- \_\_\_ Asbestos Abatement
- \_\_\_ Asbestos Plan Submission
- \_\_\_ Notification (SDWA, FIFRA)
- \_\_\_ Worker Protection (FIFRA)
- \_\_\_ Pesticide Registered (FIFRA)
- \_\_\_ Pesticide Certified (FIFRA)
- \_\_\_ Pesticide Claim Removed (FIFRA)
- \_\_\_ Pesticide Label Revision (FIFRA)

21. Cost of actions described in item #21. (Actual cost data supplied by violator is preferred figure.)

Physical actions: \$ \_\_\_\_\_

Non-Physical actions: \$ \_\_\_\_\_

22. Quantitative environmental impact of actions described in item #21: (Add additional pollutants on blank sheet)

#### REDUCTIONS/ELIMINATIONS/TREATMENT

<u>Pollutant/Chemical/Waste Stream</u>	<u>Amount</u>	<u>Units</u>	<u>Potentially Impacted Media</u>
		Pounds/yr.	Air
		People	Land
		Cubic Yards	Soil
		Acres	Water (navigable/surface)
		Linear Feet (ss/ms/lb)	Water (wetlands)
		Gallons	Water (underground source of drinking water)
		Pounds	Water (ground)
		Miles of Stream Impacted	Animals/Plants/Humans

#### PREVENTION

<u>Pollutant/Chemical/Waste Stream</u>	<u>Amount</u>	<u>Units</u>	<u>Potentially Impacted Media</u>
		Wells	Water (underground source of drinking water)
		Gallons	Water (navigable/surface)
		SF/MF/Housing units	Schools/Housing/Buildings
		Building Units	Animals/Plants/Humans
		Schools	
		People	
		Pounds	

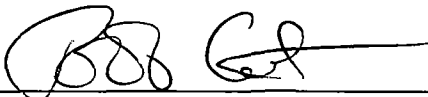

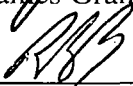
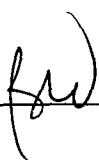
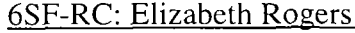
*In ICIS*



CONCURRENCE ROUTING: RMP ENFORCEMENT

TYPE OF ACTION: Clear Air Act, Section 112(r) Expedited Settlement Agreement

Akzo Nobel Surface Chemistry LLC Ft. Worth Plant  
Fort Worth, Texas

	<u>4-18-05</u>
6SF-RC: Bob Goodfellow	Date:
	<u>4/18</u>
6SF-RC: James Graham	Date:
	<u>4/19</u>
6SF-R: Ragan Broyles	Date:
	<u>4/20</u>
6SF: Samuel Coleman	Date:
	<u>        </u>
6SF-RC: Elizabeth Rogers	Date:

*4-20-05 ESA mailed*  
*6/1/05 In route for RA Signature*

*#2348*  
*LL.M.*

THIS ENFORCEMENT ACTION WILL BE ENTERED INTO ICIS WITHIN 5 DAYS OF THE EFFECTIVE DATE OF THE ACTION.

APR 18 2005



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 6  
1445 ROSS AVENUE, SUITE 1200  
DALLAS, TEXAS 75202-2733

APR 20 2005

**CERTIFIED MAIL, RETURN RECEIPT REQUEST**  
**Certified Receipt # 7003 0500 0003 0875 4835**

Mr. Robert Durden, Safety Manager  
Akzo Nobel Surface Chemistry LLC Ft Worth Plant  
611 E. Northside Drive  
Fort Worth, TX 76106

**Re:** Expedited Settlement Agreement (ESA) for Risk Management Plan Inspection Findings,  
Alleged Violations and Proposed Penalty  
Docket No. 06-2005-3532

Dear Mr. Durden:

The United States Environmental Protection Agency (EPA) has authority under Section 113 of the Clean Air Act (the Act) to pursue civil penalties for violations of the Section 112(r)(7) Risk Management Program (RMP) regulations found at 40 C.F.R. Part 68. Enclosed is an Expedited Settlement Agreement (ESA) that addresses RMP violations discovered at Akzo Nobel Surface Chemistry LLC Ft Worth Plant, Fort Worth, TX (Respondent), as documented in the enclosed Risk Management Program Inspection Findings, Alleged Violations and Proposed Penalty Sheet (FORM).

EPA encourages an expeditious settlement of easily correctable violations such as the violations cited in the enclosed ESA. The ESA complies with the Consolidated Rules of Practice Governing the Administrative Assessment of Civil Penalties, Issuance of Compliance or Corrective Action Orders, and the Revocation, Termination or Suspension of Permits: Final Rule, 40 C.F.R. Part 22 (2002).

You may resolve the cited violations by mailing a check for the penalty as set out below, signing and returning the original ESA within 45 days of your receipt of this letter. EPA, at its discretion, may grant one 45-day extension for cause upon request. Please be advised that the ESA contains a discounted, non-negotiable penalty amount, which is lower than the amount that would be derived from EPA's Combined Enforcement Policy for Section 112(r) of the Clean Air Act.

The CESA, when executed by both parties, is binding on EPA and you. Upon receipt of the signed document, EPA will take no further action against you for the violations cited in the ESA. EPA will neither accept nor approve the ESA if returned more than 45 days after the date of your receipt of this letter, unless an extension has been granted by EPA.

If you do not pay the penalty and return the CESA within 45 days of receipt, the CESA will be automatically withdrawn, without prejudice to EPA's ability to file an enforcement action for the cited violations. If you decide not to sign and return the CESA and pay the penalty, EPA can pursue other enforcement measures to correct the violation(s) and seek penalties of up to \$27,500 per violation per day.

You are required in the ESA to certify that you have corrected the violation(s) and paid the penalty. The payment for the penalty amount must be in the form of a certified check payable to the "Treasurer, United States of America", with the Docket Number of the ESA on the check. The Docket Number is located at the top of the left column of the ESA.

Payment of the penalty amount shall be sent via certified mail to:

U.S. EPA Region 6  
Regional Hearing Clerk (RC-HO)  
P.O. Box 371099M  
Pittsburgh, PA 15251

The signed original ESA with a **copy of the certified check shall be sent via certified mail to:**

Elizabeth R. Rogers  
112(r) Compliance Officer  
Superfund Division (6SF-RC)  
U.S. Environmental Protection Agency Region 6  
1445 Ross Avenue  
Dallas, Texas 75202-2733

When signing the ESA, please indicate, in the appropriate space, the cost of all actions taken to correct the alleged violations.

By terms of the ESA, and upon EPA's receipt of the signed ESA, you waive your opportunity for a hearing pursuant to Section 113 of the CAA. EPA will treat any response to the ESA, other than acceptance of the settlement offer, as an indication that the recipient is not interested in pursuing this expedited settlement procedure.

If you have any questions relating to this ESA, please contact Bob Goodfellow at 214.665.6632 or by e-mail at [GOODFELLOW.BOB@EPA.GOV](mailto:GOODFELLOW.BOB@EPA.GOV).

Sincerely yours,



James L. Graham Jr., P.E.  
Enforcement Coordinator

Enclosures (3)

7003 0500 0003 0875 4835

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

*ESA*  
 Postmark Here

Sent To: *Robert Durden, Akzo Nobel*  
 Street, Apt. No., or PO Box: *611 E. Northside Dr.*  
 City, State, ZIP+4: *Ft. Worth, TX 76106*

PS Form 3800, June 2002 See Reverse for Instructions

1 on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3 Article Addressed to:

Mr. Robert Durden, Safety Manager  
 Akzo Nobel Surface Chemistry LLC Ft Worth  
 611 E. Northside Drive  
 Fort Worth, TX 76106

4a. Article Number

7003 0500 0003 0875 4835

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

7. Date of Delivery

*4/22/05*

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

*Sharon Short*

6. Signature: (Addressee or Agent)

*X Sharon Short*

PS Form 3811, December 1994

*ESA*

Domestic Return Receipt

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

• Print your name, address, and ZIP Code in this box •

U. S. Environmental Protection Agency  
 Superfund Division (6SF-RC)  
 1445 Ross Avenue, 12<sup>th</sup> Floor  
 Dallas, Texas 75202

*Attn: E. ROGERS*





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 6

1445 ROSS AVENUE, SUITE 1200  
DALLAS, TEXAS 75202-2733

APR 20 2005

**CERTIFIED MAIL, RETURN RECEIPT REQUEST**

**Certified Receipt # 7003 0500 0003 0875 4835**

Mr. Robert Durden, Safety Manager  
Akzo Nobel Surface Chemistry LLC Ft Worth Plant  
611 E. Northside Drive  
Fort Worth, TX 76106

**Re:** Expedited Settlement Agreement (ESA) for Risk Management Plan Inspection Findings,  
Alleged Violations and Proposed Penalty  
Docket No. 06-2005-3532

Dear Mr. Durden:

The United States Environmental Protection Agency (EPA) has authority under Section 113 of the Clean Air Act (the Act) to pursue civil penalties for violations of the Section 112(r)(7) Risk Management Program (RMP) regulations found at 40 C.F.R. Part 68. Enclosed is an Expedited Settlement Agreement (ESA) that addresses RMP violations discovered at Akzo Nobel Surface Chemistry LLC Ft Worth Plant, Fort Worth, TX (Respondent), as documented in the enclosed Risk Management Program Inspection Findings, Alleged Violations and Proposed Penalty Sheet (FORM).

EPA encourages an expeditious settlement of easily correctable violations such as the violations cited in the enclosed ESA. The ESA complies with the Consolidated Rules of Practice Governing the Administrative Assessment of Civil Penalties, Issuance of Compliance or Corrective Action Orders, and the Revocation, Termination or Suspension of Permits: Final Rule, 40 C.F.R. Part 22 (2002).

You may resolve the cited violations by mailing a check for the penalty as set out below, signing and returning the original ESA within 45 days of your receipt of this letter. EPA, at its discretion, may grant one 45-day extension for cause upon request. Please be advised that the ESA contains a discounted, non-negotiable penalty amount, which is lower than the amount that would be derived from EPA's Combined Enforcement Policy for Section 112(r) of the Clean Air Act.

The CESA, when executed by both parties, is binding on EPA and you. Upon receipt of the signed document, EPA will take no further action against you for the violations cited in the ESA. EPA will neither accept nor approve the ESA if returned more than 45 days after the date of your receipt of this letter, unless an extension has been granted by EPA.

If you do not pay the penalty and return the CESA within 45 days of receipt, the CESA will be automatically withdrawn, without prejudice to EPA's ability to file an enforcement action for the cited violations. If you decide not to sign and return the CESA and pay the penalty, EPA can pursue other enforcement measures to correct the violation(s) and seek penalties of up to \$27,500 per violation per day.



You are required in the ESA to certify that you have corrected the violation(s) and paid the penalty. The payment for the penalty amount must be in the form of a certified check payable to the "Treasurer, United States of America", with the Docket Number of the ESA on the check. The Docket Number is located at the top of the left column of the ESA.

Payment of the penalty amount shall be sent via certified mail to:

U.S. EPA Region 6  
Regional Hearing Clerk (RC-HO)  
P.O. Box 371099M  
Pittsburgh, PA 15251

The signed original ESA with a **copy of the certified check shall be sent via certified mail to:**

Elizabeth R. Rogers  
112(r) Compliance Officer  
Superfund Division (6SF-RC)  
U.S. Environmental Protection Agency Region 6  
1445 Ross Avenue  
Dallas, Texas 75202-2733

When signing the ESA, please indicate, in the appropriate space, the cost of all actions taken to correct the alleged violations.

By terms of the ESA, and upon EPA's receipt of the signed ESA, you waive your opportunity for a hearing pursuant to Section 113 of the CAA. EPA will treat any response to the ESA, other than acceptance of the settlement offer, as an indication that the recipient is not interested in pursuing this expedited settlement procedure.

If you have any questions relating to this ESA, please contact Bob Goodfellow at 214.665.6632 or by e-mail at GOODFELLOW.BOB@EPA.GOV.

Sincerely yours,

James L. Graham Jr., P.E.  
Enforcement Coordinator

Enclosures (3)



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 6

1445 ROSS AVENUE, SUITE 1200  
DALLAS, TEXAS 75202-2733

EXPEDITED SETTLEMENT AGREEMENT (ESA)

**DOCKET NO: 06-2005-3532**

**This complaint is issued to: Akzo Nobel Surface Chemistry LLC Ft Worth Plant  
At: 611 E. Northside Dr, Fort Worth, TX  
for violating Section 112(r)(7) of the Clean Air Act.**

---

This Expedited Settlement Agreement (ESA) is being entered into by the United States Environmental Protection Agency (EPA), Region 6, by its duly delegated official, the Director, Superfund Division, and by Respondent pursuant to Section 113(a)(3) and (d) of the Clean Air Act, 42 U.S.C. § 7413(a)(3) and (d), and by 40 C.F.R. § 22.13(b). On August 13, 2003, EPA obtained the concurrence of the U.S. Department of Justice, pursuant to Section 113(d)(1) of the Act, 42 U.S.C. § 7413(d)(1), to pursue this administrative enforcement action.

On March 23, 2005, an authorized representative of the EPA conducted a compliance inspection of the subject facility (Respondent) to determine compliance with the Risk Management Plan (RMP) regulations promulgated at 40 C.F.R. Part 68 under Section 112(r) of the Act. EPA found that the Respondent had violated regulations implementing Section 112(r) of the Act by failing to comply with the regulations as noted on the attached RISK MANAGEMENT PLAN INSPECTION FINDINGS, ALLEGED VIOLATIONS AND PROPOSED PENALTY SHEET ("FORM"), which is hereby incorporated by reference.

SETTLEMENT

In consideration of Respondent's size of business, its full compliance history, its good faith effort to comply, and other factors as justice may require, and upon consideration of the entire record the parties enter into the ESA in order to settle the violations, described in the attached FORM for the total penalty amount of **\$540.00**.

This settlement is subject to the following terms and conditions:

The Respondent by signing below waives any objections that it may have regarding jurisdiction, neither admits nor denies the specific factual allegations contained herein, and consents to the assessment of the penalty as stated above. Respondent waives its rights to a hearing afforded by Section 113(d)(2)(A) of the Act, 42 U.S.C. § 7413(d)(2)(A), and to appeal this ESA. Each party to this action shall bear its own costs and fees, if any. Respondent also certifies, subject to civil and criminal penalties for making a false submission to the United States Government, that the Respondent has corrected the violations listed in the attached FORM and has sent a cashier's check or certified check (payable to the "Treasurer, United States of America") in the amount of **\$540.00** in payment of the full penalty amount to the following address:

U.S. EPA Region 6  
Regional Hearing Clerk (RC-HO)  
P.O. Box 371099M  
Pittsburgh, PA 15251

The DOCKET NUMBER OF THIS EXPEDITED SETTLEMENT AGREEMENT must be included on the certified check. (The DOCKET NUMBER is located at the top left corner of this Expedited Settlement Agreement.)

This original Settlement Agreement and a copy of the certified check must be sent by certified mail to:

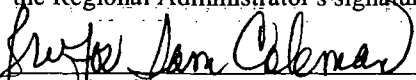
Elizabeth R. Rogers  
112(r) Compliance Officer  
Superfund Division (6SF-RC)  
U.S. Environmental Protection Agency Region 6  
1445 Ross Avenue  
Dallas, Texas 75202-2733

Upon the Respondent's signing and submission of this Settlement Agreement, EPA will take no further action against the Respondent for the alleged violations of the Clean Air Act described in the above Form. EPA does not waive any enforcement action by EPA for any other past, present, or future violations under the Clean Air Act or any other statute.

If the Settlement Agreement with an attached copy of the certified check is not returned to the EPA Region 6 office at the above address in correct form by the Respondent within 45 days of the date of the receipt of this Settlement Agreement, the Complaint and Expedited Settlement Agreement is withdrawn, without prejudice to EPA's ability to file additional enforcement actions for the violations identified in this Settlement Agreement.

Respondent has the right to request a hearing on any material fact or on the appropriateness of the penalty contained in this complaint pursuant to 40 CFR § 22.14. Upon signing and returning of this Settlement Agreement to EPA, the Respondent waives the opportunity for a hearing pursuant to Section 113(d)(2)(A) of the Clean Air Act, 42 U.S.C. § 7413(d)(2)(A).

This Settlement Agreement is binding on the EPA and the Respondent signing below. By signing below, the Respondent waives any objections to EPA's jurisdiction with respect to the Settlement Agreement and consents to EPA's approval of this Settlement Agreement without further notice. This Settlement Agreement is effective upon the Regional Administrator's signature.

  
\_\_\_\_\_  
Samuel Coleman, P. E.  
Director  
Superfund Division

Date: 4/20/05

It is so ORDERED. This Order shall become effective upon filing of the fully executed Complaint and Expedited Settlement Agreement.

\_\_\_\_\_  
Richard E. Greene  
Regional Administrator

Date: \_\_\_\_\_

**SIGNATURE BY RESPONDENT:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Title (print): \_\_\_\_\_

Cost of Corrective Actions: \_\_\_\_\_



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 6  
1445 ROSS AVENUE, SUITE 1200  
DALLAS, TEXAS 75202-2733

EXPEDITED SETTLEMENT AGREEMENT (ESA)

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SETTLEMENT

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This settlement is subject to the following terms and conditions:

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Regional Hearing Clerk (RC-HO)  
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This Settlement Agreement is binding on the EPA and the Respondent signing below. By signing below, the Respondent waives any objections to EPA's jurisdiction with respect to the Settlement Agreement and consents to EPA's approval of this Settlement Agreement without further notice. This Settlement Agreement is effective upon the Regional Administrator's signature.

\_\_\_\_\_  
Samuel Coleman, P. E.  
Director  
Superfund Division

Date: \_\_\_\_\_

It is so ORDERED. This Order shall become effective upon filing of the fully executed Complaint and Expedited Settlement Agreement.

\_\_\_\_\_  
Richard E. Greene  
Regional Administrator

Date: \_\_\_\_\_

SIGNATURE BY RESPONDENT:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Title (print): \_\_\_\_\_

Cost of Corrective Actions: \_\_\_\_\_



U.S. ENVIRONMENTAL PROTECTION AGENCY  
1445 ROSS AVE., SUITE 1200  
DALLAS, TX 75202-2733

**Akzo Nobel Surface Chemistry LLC**  
Fort Worth, TX  
**PROPOSED PENALTY WORKSHEET**

$$\text{\$540.00} = \text{\$1,350.00}(0.4)$$

**Adjusted Penalty = Unadjusted Penalty X Size-Threshold Quantity Multiplier**

The Unadjusted Penalty is calculated by adding up all the penalties listed on the Risk Management Program Inspections Findings, Alleged Violations and Proposed Penalty Sheet.

The Size-Threshold Quantity multiplier is a factor that considers the size of the facility and the amount of regulated chemicals at the facility.

The Proposed Penalty is the amount of the non-negotiable penalty that is calculated by multiplying the Total Penalty and the Size/Threshold Quantity multiplier.

**Example:**

XYZ Facility has 24 employees and 7 times the threshold amount for the particular chemical in question. After adding the penalty numbers in the Risk Management Program Inspection Findings, Alleged Violations and Proposed Penalty Sheet an unadjusted penalty of \$4700 is derived.

Calculation of Adjusted Penalty

1<sup>st</sup> Reference the Multipliers for calculating proposed penalties for violations found during RMP inspection matrix. Finding the column for 21-50 employees and the row for 5- 10 times the threshold quantity amount gives a multiplier factor of 0.4. Therefore, the multiplier for XYZ Facility = 0.4.

2<sup>nd</sup> Use the Adjusted Penalty formula

Adjusted Penalty = \$4700 (Unadjusted Penalty) X 0.4 (Size-Threshold Multiplier)

Adjusted Penalty = \$1880

3<sup>rd</sup> An Adjusted Penalty of \$1880 would be assessed to XYZ Facility for Violations found during the RMP Compliance Inspection. This amount will be found in the Complaint and Expedited Settlement Agreement (CESA)

**RMP Program Level 3 Process Checklist**Facility Name: Akzo Nobel Surface Chemistry**RISK MANAGEMENT PROGRAM INSPECTION FINDINGS, ALLEGED VIOLATIONS AND PROPOSED PENALTY SHEET****Section A – Management [68.15]**

Management system developed and implemented as provided in 40 CFR 68.15?

☒S☐M☐U☐N/A

Comments:

Has the owner or operator:

- |  |                                       |                            |                              |
|--|---------------------------------------|----------------------------|------------------------------|
| 1. Developed a management system to oversee the implementation of the risk management program elements? [68.15(a)]   | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 2. Assigned a qualified person or position that has the overall responsibility for the development, implementation, and integration of the risk management program elements? [68.15(b)]                          | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 3. Documented other persons responsible for implementing individual requirements of the risk management program and defined the lines of authority through an organization chart or similar document? [68.15(c)] | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |

**Section B: Hazard Assessment [68.20-68.42]**

Hazard assessment conducted and documented as provided in 40 CFR 68.20-68.42?

☒S☐M☐U☐N/A

Comments:

**Hazard Assessment: Offsite consequence analysis parameters [68.22]**

- |  |                                       |                            |                              |
|--|---------------------------------------|----------------------------|------------------------------|
| 1. Used the following endpoints for offsite consequence analysis for a worst-case scenario: [68.22(a)]<br><input checked="" type="checkbox"/> For toxics: the endpoints provided in Appendix A of 40 CFR Part 68? [68.22(a)(1)]<br><input type="checkbox"/> For flammables: an explosion resulting in an overpressure of 1 psi? [68.22(a)(2)(i)]; or<br><input type="checkbox"/> For flammables: a fire resulting in a radiant heat/exposure of 5 kw/m <sup>2</sup> for 40 seconds? [68.22(a)(2)(ii)]<br><input type="checkbox"/> For flammables: a concentration resulting in a lower flammability limit, as provided in NFPA documents or other generally recognized sources? [68.22(a)(2)(iii)]       | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 2. Used the following endpoints for offsite consequence analysis for an alternative release scenario: [68.22(a)]<br><input checked="" type="checkbox"/> For toxics: the endpoints provided in Appendix A of 40 CFR Part 68? [68.22(a)(1)]<br><input type="checkbox"/> For flammables: an explosion resulting in an overpressure of 1 psi? [68.22(a)(2)(i)]<br><input type="checkbox"/> For flammables: a fire resulting in a radiant heat/exposure of 5 kw/m <sup>2</sup> for 40 seconds? [68.22(a)(2)(ii)]<br><input type="checkbox"/> For flammables: a concentration resulting in a lower flammability limit, as provided in NFPA documents or other generally recognized sources? [68.22(a)(2)(iii)] | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 3. Used appropriate wind speeds and stability classes for the release analysis? [68.22(b)]   | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 4. Used appropriate ambient temperature and humidity values for the release analysis? [68.22(c)] <b>used 51.5° C</b>   | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 5. Used appropriate values for the height of the release for the release analysis? [68.22(d)]  | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 6. Used appropriate surface roughness values for the release analysis? [68.22(e)]  | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 7. Do tables and models, used for dispersion analysis of toxic substances, appropriately account for dense or neutrally buoyant gases? [68.22(f)]  | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 8. Were liquids, other than gases liquefied by refrigeration only, considered to be released at the highest daily maximum temperature, based on data for the previous three years appropriate for a stationary source, or at process temperature, whichever is higher? [68.22(g)]  | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |

**RMP Program Level 3 Process Checklist**Facility Name: Akzo Nobel Surface Chemistry**RISK MANAGEMENT PROGRAM INSPECTION FINDINGS, ALLEGED VIOLATIONS AND PROPOSED PENALTY SHEET****Hazard Assessment: Worst-case release scenario analysis [68.25]**

9. Analyzed and reported in the RMP one worst-case release scenario estimated to create the greatest distance to an endpoint resulting from an accidental release of a regulated toxic substance from covered processes under worst-case conditions? [68.25(a)(2)(i)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
10. Analyzed and reported in the RMP one worst-case release scenario estimated to create the greatest distance to an endpoint resulting from an accidental release of a regulated flammable substance from covered processes under worst-case conditions? [68.25(a)(2)(ii)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
11. Analyzed and reported in the RMP additional worst-case release scenarios for a hazard class if the worst-case release from another covered process at the stationary source potentially affects public receptors different from those potentially affected by the worst-case release scenario developed under 68.25(a)(2)(i) or 68.25(a)(2)(ii)? [68.25(a)(2)(iii)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
12. Has the owner or operator determined the worst-case release quantity to be the greater of the following: [68.25(b)] <input type="checkbox"/> If released from a vessel, the greatest amount held in a single vessel, taking into account administrative controls that limit the maximum quantity? [68.25(b)(1)] <input type="checkbox"/> If released from a pipe, the greatest amount held in the pipe, taking into account administrative controls that limit the maximum quantity? [68.25(b)(2)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
13.a. Has the owner or operator for <u>toxic substances</u> that are <u>normally gases</u> at ambient temperature and handled as a gas or liquid under pressure:	
13.a.(1) Assumed the whole quantity in the vessel or pipe would be released as a gas over 10 minutes? [68.25(c)(1)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
13.a.(2) Assumed the release rate to be the total quantity divided by 10, if there are no passive mitigation systems in place? [68.25(c)(1)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
13.b. Has the owner or operator for <u>toxic gases</u> handled as <u>refrigerated liquids</u> at ambient pressure:	
13.b.(1) Assumed the substance would be released as a gas in 10 minutes, if not contained by passive mitigation systems or if the contained pool would have a depth of 1 cm or less? [68.25(c)(2)(i)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
13.b.(2) [ Optional for owner / operator ] Assumed the quantity in the vessel or pipe would be spilled instantaneously to form a liquid pool, if the released substance would be contained by passive mitigation systems in a pool with a depth greater than 1 cm? [68.25(c)(2)(ii)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
13.b.(3) Calculated the volatilization rate at the boiling point of the substance and at the conditions specified in 68.25(d)? [68.25(c)(2)(ii)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
13.c. Has the owner or operator for <u>toxic substances</u> that are <u>normally liquids</u> at ambient temperature:	
13.c.(1) Assumed the quantity in the vessel or pipe would be spilled instantaneously to form a liquid pool? [68.25(d)(1)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
13.c.(2) Determined the surface area of the pool by assuming that the liquid spreads to 1 cm deep, if there is no passive mitigation system in place that would serve to contain the spill and limit the surface area, or if passive mitigation is in place, was the surface area of the contained liquid used to calculate the volatilization rate? [68.25(d)(1)(i)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
13.c.(3) Taken into account the actual surface characteristics, if the release would occur onto a surface that is not paved or smooth? [68.25(d)(1)(ii)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
13.c.(4) Determined the volatilization rate by accounting for the highest daily maximum temperature in the past three years, the temperature of the substance in the vessel, and the concentration of the substance if the liquid spilled is a mixture or solution? [68.25(d)(2)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
13.c.(5) Determined the rate of release to air from the volatilization rate of the liquid pool? [68.25(d)(3)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A



**RMP Program Level 3 Process Checklist**Facility Name: Akzo Nobel Surface Chemistry**RISK MANAGEMENT PROGRAM INSPECTION FINDINGS, ALLEGED VIOLATIONS AND PROPOSED PENALTY SHEET**

13.c.(6) Determined the rate of release to air by using the methodology in the RMP Offsite Consequence Analysis Guidance, any other publicly available techniques that account for the modeling conditions and are recognized by industry as applicable as part of current practices, or proprietary models that account for the modeling conditions may be used provided the owner or operator allows the implementing agency access to the model and describes model features and differences from publicly available models to local emergency planners upon request? [68.25(d)(3)]  What modeling technique did the owner or operator use? [68.25(g)] <u>Evaporation Rate Equation from EPA</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
13.d. Has the owner or operator for <u>flammables</u> :	
13.d.(1) Assumed the quantity in a vessel(s) of flammable gas held as a gas or liquid under pressure or refrigerated gas released to an undiked area vaporizes resulting in a vapor cloud explosion? [68.25(e)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
13.d.(2) For refrigerated gas released to a contained area or liquids released below their atmospheric boiling point, assumed the quantity volatilized in 10 minutes results in a vapor cloud? [68.25(f)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
13.d.(3) Assumed a yield factor of 10% of the available energy is released in the explosion for determining the distance to the explosion endpoint, if the model used is based on TNT-equivalent methods? [68.25(e)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
14. Used the parameters defined in 68.22 to determine distance to the endpoints? [68.25(g)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
15. Determined the rate of release to air by using the methodology in the RMP Offsite Consequence Analysis Guidance, any other publicly available techniques that account for the modeling conditions and are recognized by industry as applicable as part of current practices, or proprietary models that account for the modeling conditions may be used provided the owner or operator allows the implementing agency access to the model and describes model features and differences from publicly available models to local emergency planners upon request? [68.25(g)]  What modeling technique did the owner or operator use? [68.25(g)] <u>Evaporation Rate Equation from EPA</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
16. Ensured that the passive mitigation system, if considered, is capable of withstanding the release event triggering the scenario and will still function as intended? [68.25(h)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
17. Considered also the following factors in selecting the worst-case release scenarios: [68.25(i)] <input type="checkbox"/> Smaller quantities handled at higher process temperature or pressure? [68.25(i)(1)] <input type="checkbox"/> Proximity to the boundary of the stationary source? [68.25(i)(2)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
<b>Hazard Assessment: Alternative release scenario analysis [68.28]</b>	
18. Identified and analyzed at least one alternative release scenario for each regulated toxic substance held in a covered process(es) and at least one alternative release scenario to represent all flammable substances held in covered processes? [68.28(a)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
19. Selected a scenario: [68.28(b)] <input checked="" type="checkbox"/> That is more likely to occur than the worst-case release scenario under 68.25? [68.28(b)(1)(i)] <input type="checkbox"/> That will reach an endpoint off-site, unless no such scenario exists? [68.28(b)(1)(ii)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
20. Considered release scenarios which included, but are not limited to, the following: [68.28(b)(2)] <input checked="" type="checkbox"/> Transfer hose releases due to splits or sudden hose uncoupling? [68.28(b)(2)(i)] <input checked="" type="checkbox"/> Process piping releases from failures at flanges, joints, welds, valves and valve seals, and drains or bleeds? [68.28(b)(2)(ii)] <input checked="" type="checkbox"/> Process vessel or pump releases due to cracks, seal failure, or drain, bleed, or plug failure? [68.28(b)(2)(iii)] <input checked="" type="checkbox"/> Vessel overfilling and spill, or overpressurization and venting through relief valves or rupture disks? [68.28(b)(2)(iv)] <input type="checkbox"/> Shipping container mishandling and breakage or puncturing leading to a spill? [68.28(b)(2)(v)] <b>na</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

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21. Used the parameters defined in 68.22 to determine distance to the endpoints? [68.28(c)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
22. Determined the rate of release to air by using the methodology in the RMP Offsite Consequence Analysis Guidance, any other publicly available techniques that account for the modeling conditions and are recognized by industry as applicable as part of current practices, or proprietary models that account for the modeling conditions may be used provided the owner or operator allows the implementing agency access to the model and describes model features and differences from publicly available models to local emergency planners upon request? [68.28(c)] What modeling technique did the owner or operator use? [68.25(g)] <u>Evaporation Rate Equation from EPA</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
23. Ensured that the passive and active mitigation systems, if considered, are capable of withstanding the release event triggering the scenario and will be functional? [68.28(d)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
24. Considered the following factors in selecting the alternative release scenarios: [68.28(e)] <input type="checkbox"/> The five-year accident history provided in 68.42? [68.28(e)(1)] <input type="checkbox"/> Failure scenarios identified under 68.50? [68.28(e)(2)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

**Hazard Assessment: Defining off-site impacts–Population [68.30]**

25. Estimated population that would be included in the distance to the endpoint in the RMP based on a circle with the point of release at the center? [68.30(a)] <b>Landview</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
26. Identified the presence of institutions, parks and recreational areas, major commercial, office, and industrial buildings in the RMP? [68.30(b)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
27. Used most recent Census data, or other updated information to estimate the population? [68.30(c)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
28. Estimated the population to two significant digits? [68.30(d)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

**Hazard Assessment: Defining off-site impacts–Environment [68.33]**

29. Identified environmental receptors that would be included in the distance to the endpoint based on a circle with the point of release at the center? [68.33(a)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
30. Relied on information provided on local U.S.G.S. maps, or on any data source containing U.S.G.S. data to identify environmental receptors? [Source may have used LandView to obtain information] [68.33(b)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

**Hazard Assessment: Review and update [68.36]**

31. Reviewed and updated the off-site consequence analyses at least once every five years? [68.36(a)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
32. Completed a revised analysis and submit a revised RMP within six months of a change in processes, quantities stored or handled, or any other aspect that might reasonably be expected to increase or decrease the distance to the endpoint by a factor of two or more? [68.36(b)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A

**Hazard Assessment: Documentation [68.39]**

33. For worst-case scenarios: a description of the vessel or pipeline and substance selected, assumptions and parameters used, the rationale for selection, and anticipated effect of the administrative controls and passive mitigation on the release quantity and rate? [68.39(a)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
34. For alternative release scenarios: a description of the scenarios identified, assumptions and parameters used, the rationale for the selection of specific scenarios, and anticipated effect of the administrative controls and mitigation on the release quantity and rate? [68.39(b)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
35. Documentation of estimated quantity released, release rate, and duration of release? [68.39(c)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
36. Methodology used to determine distance to endpoints? [68.39(d)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

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39. Has the owner or operator reported the following information for each accidental release: [68.42(b)] ☐ Y ☐ N ☒ N/A

- ☐ Date, time, and approximate duration of the release? [68.42(b)(1)]
- ☐ Chemical(s) released? [68.42(b)(2)]
- ☐ Estimated quantity released in pounds and percentage weight in a mixture (toxics)? [68.42(b)(3)]
- ☐ NAICS code for the process? [68.42(b)(4)]
- ☐ The type of release event and its source? [68.42(b)(5)]
- ☐ Weather conditions (if known)? [68.42(b)(6)]
- ☐ On-site impacts? [68.42(b)(7)]
- ☐ Known offsite impacts? [68.42(b)(8)]
- ☐ Initiating event and contributing factors (if known)? [68.42(b)(9)]
- ☐ Whether offsite responders were notified (if known)? [68.42(b)(10)]
- ☐ Operational or process changes that resulted from investigation of the release? [68.42(b)(11)]

**Section C: Prevention Program**Implemented the Program 3 prevention requirements as provided in 40 CFR 68.65 - 68.87? ☐ S ☒ M ☐ U ☐ N/A  
Comments:**Prevention Program- Safety information [68.65]**

1. Has the owner or operator compiled written process safety information, which includes information pertaining to the hazards of the regulated substances used or produced by the process, information pertaining to the technology of the process, and information pertaining to the equipment in the process, before conducting any process hazard analysis required by the rule? [68.65(a)] ☒ Y ☐ N ☐ N/A

Does the process safety information contain the following for hazards of the substances: [68.65(b)]

- ☒ Material Safety Data Sheets (MSDS) that meet the requirements of the OSHA Hazard Communication Standard [29 CFR 1910.1200(g)]? [68.65(b)(1)]
- ☒ Toxicity information? [68.65(b)(1)]
- ☒ Permissible exposure limits? [68.65(b)(2)]
- ☒ Physical data? [68.65(b)(3)]
- ☒ Reactivity data? [68.65(b)(4)]
- ☒ Corrosivity data? [68.65(b)(5)]
- ☒ Thermal and chemical stability data? [68.65(b)(6)]
- ☒ Hazardous effects of inadvertent mixing of materials that could foreseeably occur? [68.65(b)(7)]

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## RISK MANAGEMENT PROGRAM INSPECTION FINDINGS, ALLEGED VIOLATIONS AND PROPOSED PENALTY SHEET

<p>2. Has the owner documented information pertaining to technology of the process?</p> <p><input checked="" type="checkbox"/> A block flow diagram or simplified process flow diagram? [68.65(c)(1)(i)]</p> <p><input checked="" type="checkbox"/> Process chemistry? [68.65(c)(1)(ii)]</p> <p><input checked="" type="checkbox"/> Maximum intended inventory? [68.65(c)(1)(iii)]</p> <p><input checked="" type="checkbox"/> Safe upper and lower limits for such items as temperatures, pressures, flows, or compositions? [68.65(c)(1)(iv)]</p> <p><input type="checkbox"/> An evaluation of the consequences of deviation? [68.65(c)(1)(iv)] <b>see page 7, item #15</b></p>	<p><input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>3. Does the process safety information contain the following for the equipment in the process: [68.65(d)(1)]</p> <p><input checked="" type="checkbox"/> Materials of construction? 68.65(d)(1)(i)]</p> <p><input checked="" type="checkbox"/> Piping and instrumentation diagrams [68.65(d)(1)(ii)]</p> <p><input checked="" type="checkbox"/> Electrical classification? [68.65(d)(1)(iii)]</p> <p><input checked="" type="checkbox"/> Relief system design and design basis? [68.65(d)(1)(iv)]</p> <p><input checked="" type="checkbox"/> Ventilation system design? [68.65(d)(1)(v)]</p> <p><input checked="" type="checkbox"/> Design codes and standards employed? [68.65(d)(1)(vi)]</p> <p><input checked="" type="checkbox"/> Material and energy balances for processes built after June 21, 1999? [68.65(d)(1)(vii)]</p> <p><input checked="" type="checkbox"/> Safety systems? [68.65(d)(1)(viii)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>4. Has the owner or operator documented that equipment complies with recognized and generally accepted good engineering practices? [68.65(d)(2)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>5. Has the owner or operator determined and documented that existing equipment, designed and constructed in accordance with codes, standards, or practices that are no longer in general use, is designed, maintained, inspected, tested, and operating in a safe manner? [68.65(d)(3)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p><b>Prevention Program- Process Hazard Analysis [68.67]</b></p>	
<p>6. Has the owner or operator performed an initial process hazard analysis (PHA), and has this analysis identified, evaluated, and controlled the hazards involved in the process? [68.67(a)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>7. Has the owner or operator determined and documented the priority order for conducting PHAs, and was it based on an appropriate rationale? [68.67(a)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>8. Has the owner used one or more of the following technologies to conduct process PHA: [68.67(b)]</p> <p><input checked="" type="checkbox"/> What-if? [68.67(b)(1)]</p> <p><input type="checkbox"/> Checklist? [68.67(b)(2)]</p> <p><input type="checkbox"/> What-if/Checklist? [68.67(b)(3)]</p> <p><input type="checkbox"/> Hazard and Operability Study (HAZOP) [68.67(b)(4)]</p> <p><input type="checkbox"/> Failure Mode and Effects Analysis (FMEA) [68.67(b)(5)]</p> <p><input type="checkbox"/> Fault Tree Analysis? [68.67(b)(6)]</p> <p><input type="checkbox"/> An appropriate equivalent methodology? [68.67(b)(7)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>

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<p>9. Did the PHA address:</p> <p><input checked="" type="checkbox"/> The hazards of the process? [68.67(c)(1)]</p> <p><input checked="" type="checkbox"/> Identification of any incident that had a likely potential for catastrophic consequences? [68.67(c)(2)]</p> <p><input checked="" type="checkbox"/> Engineering and administrative controls applicable to hazards and interrelationships?[68.67(c)(3)]</p> <p><input checked="" type="checkbox"/> Consequences of failure of engineering and administrative controls? [68.67(c)(4)]</p> <p><input checked="" type="checkbox"/> Stationary source siting? [68.67(c)(5)]</p> <p><input checked="" type="checkbox"/> Human factors? [68.67(c)(6)]</p> <p><input checked="" type="checkbox"/> An evaluation of a range of the possible safety and health effects of failure of controls? [68.67(c)(7)]</p>	<p><input checked="" type="checkbox"/>Y   <input type="checkbox"/>N   <input type="checkbox"/>N/A</p>
<p>10. Was the PHA performed by a team with expertise in engineering and process operations and did the team include appropriate personnel? [68.67(d)]</p>	<p><input checked="" type="checkbox"/>Y   <input type="checkbox"/>N   <input type="checkbox"/>N/A</p>
<p>11. Has the owner or operator established a system to promptly address the team's findings and recommendations; assured that the recommendations are resolved in a timely manner and documented; documented what actions are to be taken; completed actions as soon as possible; developed a written schedule of when these actions are to be completed; and communicated the actions to operating, maintenance, and other employees whose work assignments are in the process and who may be affected by the recommendations? [68.67(e)] <b>Plant could not provide documentation if the recommendations had been accepted or when /if they had been completed. The facility must review its records to determine what, if any actions were taken in response to the PHA. At the conclusion of this review, it must identify what was done (and when) and what still needs to be done. For all activities still needing action, the facility must develop a schedule for completing the activities.</b></p>	<p><input type="checkbox"/>Y   <input checked="" type="checkbox"/>N   <input type="checkbox"/>N/A</p> <p style="text-align: right;"><b>\$750.00</b></p>
<p>12. Has the PHA been updated and revalidated by a team every five years after the completion of the initial PHA to assure that the PHA is consistent with the current process? [68.67(f)]</p>	<p><input checked="" type="checkbox"/>Y   <input type="checkbox"/>N   <input type="checkbox"/>N/A</p>
<p>13. Has the owner or operator retained PHAs and updates or revalidations for each process covered, as well as the resolution of recommendations for the life of the process? [68.67(g)]</p>	<p><input type="checkbox"/>Y   <input type="checkbox"/>N   <input checked="" type="checkbox"/>N/A</p>

## Prevention Program- Operating procedures [68.69]

<p>14. Has the owner or operator developed and implemented written operating procedures that provide instructions or steps for conducting activities associated with each covered process consistent with the safety information? [68.69(a)]</p>	<p><input checked="" type="checkbox"/>Y   <input type="checkbox"/>N   <input type="checkbox"/>N/A</p>
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<p>15. Do the procedures address the following: [68.69(a)]</p> <p><u>Steps for each operating phase: [68.69(a)(1)]</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Initial Startup? [68.69(a)(1)(i)]</li> <li><input checked="" type="checkbox"/> Normal operations? [68.69(a)(1)(ii)]</li> <li><input checked="" type="checkbox"/> Temporary operations? [68.69(a)(1)(iii)]</li> <li><input checked="" type="checkbox"/> Emergency shutdown including the conditions under which emergency shutdown is required, and the assignment of shutdown responsibility to qualified operators to ensure that emergency shutdown is executed in a safe and timely manner? [68.69(a)(1)(iv)]</li> <li><input checked="" type="checkbox"/> Emergency operations? [68.69(a)(1)(v)]</li> <li><input checked="" type="checkbox"/> Normal shutdown? [68.69(a)(1)(vi)]</li> <li><input checked="" type="checkbox"/> Startup following a turnaround, or after emergency shutdown? [68.69(a)(1)(vii)]</li> </ul> <p><u>Operating limits: [68.69(a)(2)]</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Consequences of deviations [68.69(a)(2)(i)] <b>No documentation for deviation from limits establish by the SOP. Consequences of deviation must be included in all covered process-related operating procedures.</b></li> <li><input type="checkbox"/> Steps required to correct or avoid deviation? [68.69(a)(2)(ii)] <b>No documentation to correct or avoid deviation from limits establish by the SOP.</b></li> </ul> <p><u>Safety and health considerations: [68.69(a)(3)]</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Properties of, and physical hazards presented by, the chemicals used in the process [68.69(a)(3)(i)]</li> <li><input checked="" type="checkbox"/> Precautions necessary to prevent exposure, including engineering controls, administrative controls, and personal protective equipment? [68.69(a)(3)(ii)]</li> <li><input checked="" type="checkbox"/> Control measures to be taken if physical contact or airborne exposure occurs? [68.69(a)(3)(iii)]</li> <li><input checked="" type="checkbox"/> Quality control for raw materials and control of hazardous chemical inventory levels? [68.69(a)(3)(iv)]</li> <li><input checked="" type="checkbox"/> Any special or unique hazards? [68.69(a)(3)(v)]</li> <li><input checked="" type="checkbox"/> Safety systems and their functions? [68.69(a)(4)]</li> </ul>	<p><input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A</p> <p><b>\$600.00</b></p>
<p>16. Are operating procedures readily accessible to employees who are involved in a process? [68.69(b)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>17. Has the owner or operator certified annually that the operating procedures are current and accurate and that procedures have been reviewed as often as necessary? [68.69(c)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>18. Has the owner or operator developed and implemented safe work practices to provide for the control of hazards during specific operations, such as lockout/tagout? [68.69(d)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p><b>Prevention Program - Training [68.71]</b></p>	
<p>19. Has each employee involved in operating a process, and each employee before being involved in operating a newly assigned process, been initially trained in an overview of the process and in the operating procedures? [68.71(a)(1)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>20. Did initial training include emphasis on safety and health hazards, emergency operations including shutdown, and safe work practices applicable to the employee's job tasks? [68.71(a)(1)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>21. In lieu of initial training for those employees already involved in operating a process on June 21, 1999, an owner or operator may certify in writing that the employee has the required knowledge, skills, and abilities to safely carry out the duties and responsibilities as specified in the operating procedures [68.71(a)(2)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>22. Has refresher training been provided at least every three years, or more often if necessary, to each employee involved in operating a process to assure that the employee understands and adheres to the current operating procedures of the process? [68.71(b)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>

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23. Has owner or operator ascertained and documented in record that each employee involved in operating a process has received and understood the training required? [68.71(c)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
24. Does the prepared record contain the identity of the employee, the date of the training, and the means used to verify that the employee understood the training? [68.71(c)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

**Prevention Program - Mechanical Integrity [68.73]**

25. Has the owner or operator established and implemented written procedures to maintain the on-going integrity of the process equipment listed in 68.73(a)? [68.73(b)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
26. Has the owner or operator trained each employee involved in maintaining the on-going integrity of process equipment? [68.73(c)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
27. Performed inspections and tests on process equipment? [68.73(d)(1)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
28. Followed recognized and generally accepted good engineering practices for inspections and testing procedures? [68.73(d)(2)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
29. Ensured the frequency of inspections and tests of process equipment is consistent with applicable manufacturers' recommendations, good engineering practices, and prior operating experience? [68.73(d)(3)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
30. Documented each inspection and test that had been performed on process equipment, which identifies the date of the inspection or test, the name of the person who performed the inspection or test, the serial number or other identifier of the equipment on which the inspection or test was performed, a description of the inspection or test performed, and the results of the inspection or test? [68.73(d)(4)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
31. Corrected deficiencies in equipment that were outside acceptable limits defined by the process safety information before further use or in a safe and timely manner when necessary means were taken to assure safe operation? [68.73(e)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
32. Assured that equipment as it was fabricated is suitable for the process application for which it will be used in the construction of new plants and equipment? [68.73(f)(1)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
33. Performed appropriate checks and inspections to assure that equipment was installed properly and consistent with design specifications and the manufacturer's instructions? [68.73(f)(2)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
34. Assured that maintenance materials, spare parts and equipment were suitable for the process application for which they would be used? [68.73(f)(3)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

**Prevention Program - Management Of Change [68.75]**

35. Has the owner or operator established and implemented written procedures to manage changes to process chemicals, technology, equipment, and procedures, and changes to stationary sources that affect a covered process? [68.75(a)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
36. Do procedures assure that the following considerations are addressed prior to any change: [68.75(b)] <input checked="" type="checkbox"/> The technical basis for the proposed change? [68.75(b)(1)] <input checked="" type="checkbox"/> Impact of change on safety and health? [68.75(b)(2)] <input checked="" type="checkbox"/> Modifications to operating procedures? [68.75(b)(3)] <input checked="" type="checkbox"/> Necessary time period for the change? [68.75(b)(4)] <input checked="" type="checkbox"/> Authorization requirements for the proposed change? [68.75(b)(5)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
37. Were employees, involved in operating a process and maintenance, and contract employees, whose job tasks would be affected by a change in the process, informed of, and trained in, the change prior to start-up of the process or affected parts of the process? [68.75(c)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

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38. If a change resulted in a change in the process safety information, was such information updated accordingly? [68.75(d)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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39. If a change resulted in a change in the operating procedures or practices, had such procedures or practices been updated accordingly? [68.75(e)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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**Prevention Program - Pre-startup Safety Review [68.77]**

40. If the facility installed a new stationary source, or significantly modified an existing source, (as discussed at 68.77(a)) did it perform a pre-startup safety review prior to the introduction of a regulated substance to a process to confirm: [68.77(b)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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- ☒ Construction and equipment was in accordance with design specifications? [68.77(b)(1)]
- ☒ Safety, operating, maintenance, and emergency procedures were in place and were adequate? [68.77(b)(2)]
- ☒ For new stationary sources, a process hazard analysis had been performed and recommendations had been resolved or implemented before startup? [68.77(b)(3)]
- ☒ Modified stationary sources meet the requirements contained in management of change? [68.77(b)(3)]
- ☒ Training of each employee involved in operating a process had been completed? [68.77(b)(4)]

**Prevention Program - Compliance audits [68.79]**

41. Has the owner or operator certified that the stationary source has evaluated compliance with the provisions of the prevention program at least every three years to verify that the developed procedures and practices are adequate and being followed? [68.79(a)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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42. Has the audit been conducted by at least one person knowledgeable in the process? [68.79(b)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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43. Are the audit findings documented in a report? [68.79(c)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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44. Has the owner or operator promptly determined and documented an appropriate response to each of the findings of the audit and documented that deficiencies had been corrected? [68.79(d)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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45. Has the owner or operator retained the two most recent compliance reports? [68.79(e)] <b>One completed Feb 2002.</b>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
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**Prevention Program - Incident investigation [68.81]**

46. Has the owner or operator investigated each incident that resulted in, or could reasonably have resulted in a catastrophic release of a regulated substance? [68.81(a)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
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47. Were all incident investigations initiated not later than 48 hours following the incident? [68.81(b)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
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48. Was an accident investigation team established and did it consist of at least one person knowledgeable in the process involved, including a contract employee if the incident involved work of a contractor, and other persons with appropriate knowledge and experience to thoroughly investigate and analyze the incident? [68.81(c)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
---	---

49. Was a report prepared at the conclusion of every investigation? [68.81(d)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
--	---

50. Does every report include: [68.81(d)] <ul style="list-style-type: none"><li><input type="checkbox"/> Date of incident? [68.81(d)(1)]</li><li><input type="checkbox"/> Date investigation began? [68.81(d)(2)]</li><li><input type="checkbox"/> A description of the incident? [68.81(d)(3)]</li><li><input type="checkbox"/> The factors that contributed to the incident? [68.81(d)(4)]</li><li><input type="checkbox"/> Any recommendations resulting from the investigation? [68.81(d)(5)]</li></ul>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
---	---



**RMP Program Level 3 Process Checklist**Facility Name: Akzo Nobel Surface Chemistry**RISK MANAGEMENT PROGRAM INSPECTION FINDINGS, ALLEGED VIOLATIONS AND PROPOSED PENALTY SHEET**

51. Has the owner or operator established a system to address and resolve the report findings and recommendations, and are the resolutions and corrective actions documented? [68.81(e)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
52. Was the report reviewed with all affected personnel whose job tasks are relevant to the incident findings including contract employees where applicable? [68.81(f)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
53. Has the owner or operator retained incident investigation reports for at least five years? [68.81(g)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A

**Section D - Employee Participation [68.83]**

1. Has the owner or operator developed a written plan of action regarding the implementation of the employee participation required by this section? [68.83(a)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
2. Has the owner or operator consulted with employees and their representatives on the conduct and development of process hazards analyses and on the development of the other elements of process safety management in chemical accident prevention provisions? [68.83(b)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
3. Has the owner or operator provided to employees and their representatives access to process hazards analyses and to all other information required to be developed under the chemical accident prevention rule? [68.83(c)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

**Section E - Hot Work Permit [68.85]**

1. Has the owner or operator issued a hot work permit for each hot work operation conducted on or near a covered process? [68.85(a)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
2. Does the permit document that the fire prevention and protection requirements in 29CFR 1910.252(a) have been implemented prior to beginning the hot work operations? [68.85(b)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
3. Does the permit indicate the date(s) authorized for hot work and the object(s) upon which hot work is to be performed? [68.85(b)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
4. Are the permits being kept on file until completion of the hot work operations? [68.85(b)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

**Section F - Contractors [68.87]**

1. Has the owner or operator obtained and evaluated information regarding the contract owner or operator's safety performance and programs when selecting a contractor? [68.87(b)(1)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
2. Informed contract owner or operator of the known potential fire, explosion, or toxic release hazards related to the contractor's work and the process? [68.87(b)(2)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
3. Explained to the contract owner or operator the applicable provisions of the emergency response or the emergency action program? [68.87(b)(3)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
4. Developed and implemented safe work practices consistent with §68.69(d), to control the entrance, presence, and exit of the contract owner or operator and contract employees in the covered process areas? [68.87(b)(4)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

**Section G - Emergency Response [68.90 - 68.95]**

Developed and implemented an emergency response program as provided in 40 CFR 68.90-68.95? Comments:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
1. Is the facility designated as a "first responder" in case of an accidental release of regulated substances?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
1.a. If the facility is not a first responder:	
1.a.(1) For stationary sources with any regulated substances held in a process above threshold quantities, is the source included in the community emergency response plan developed under 42 U.S.C. 11003? [68.90(b)(1)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A

# RMP Program Level 3 Process Checklist

Facility Name: Akzo Nobel Surface Chemistry

## RISK MANAGEMENT PROGRAM INSPECTION FINDINGS, ALLEGED VIOLATIONS AND PROPOSED PENALTY SHEET

1.a.(2)	For stationary sources with only regulated flammable substances held in a process above threshold quantities, has the owner or operator coordinated response actions with the local fire department? [68.90(b)(2)]	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N/A
1.a.(3)	Are appropriate mechanisms in place to notify emergency responders when there is need for a response? [68.90(b)(3)]	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N/A
2.	An emergency response plan is maintained at the stationary source and contains the following? [68.95(a)(1)] <input checked="" type="checkbox"/> Procedures for informing the public and local emergency response agencies about accidental releases? [68.95(a)(1)(i)] <input checked="" type="checkbox"/> Documentation of proper first-aid and emergency medical treatment necessary to treat accidental human exposures? [68.95(a)(1)(ii)] <input checked="" type="checkbox"/> Procedures and measures for emergency response after an accidental release of a regulated substance? [68.95(a)(1)(iii)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
3.	The emergency response plan contains procedures for the use of emergency response equipment and for its inspection, testing, and maintenance? [68.95(a)(2)] <b>Third party testing.</b>	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
4.	The emergency response plan requires, and there is documentation of, training for all employees in relevant procedures? [68.95(a)(3)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
5.	The owner or operator has developed and implemented procedures to review and update, as appropriate, the emergency response plan to reflect changes at the stationary source and ensure that employees are informed of changes? [68.95(a)(4)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
6.	Did the owner or operator use a written plan that complies with other Federal contingency plan regulations or is consistent with the approach in the National Response Team's Integrated Contingency Plan Guidance ("One Plan")? If so, does the plan include the elements provided in paragraph (a) of 68.95, and also complies with paragraph (c) of 68.95? [68.95(b)] <b>The facility must prepare a written emergency response plan consistent with the ICP Guidance published in the Federal Register June 5, 1996 (pp 28462 – 28664)</b>	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> N/A
7.	Has the emergency response plan been coordinated with the community emergency response plan developed under EPCRA? [68.95(c)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A

## Section H – Updates [40 CFR 68.190]

1.	Has the owner or operator reviewed and updated the RMP and submitted it to EPA [68.190(a)]? Reason for update: <input checked="" type="checkbox"/> Five-year update. [68.190(b)(1)] <input type="checkbox"/> Within three years of a newly regulated substance listing. [68.190(b)(2)] <input type="checkbox"/> At the time a newly regulated substance is first present in an already regulated process above threshold quantities. [68.190(b)(3)] <input type="checkbox"/> At the time a regulated substance is first present in an already regulated process above threshold quantities. [68.190(b)(4)] <input type="checkbox"/> Within six months of a change requiring revised PHA or hazard analysis. [68.190(b)(5)] <input type="checkbox"/> Within six months of a change requiring a revised OCA as provided in 68.36. [68.190(b)(6)] <input type="checkbox"/> Within six months of a change that alters the Program level that applies to any covered process. [68.190(b)(7)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
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**RMP Program Level 3 Process Checklist**Facility Name: Akzo Nobel Surface Chemistry**RISK MANAGEMENT PROGRAM INSPECTION FINDINGS, ALLEGED VIOLATIONS AND PROPOSED PENALTY SHEET****Section I – Required Corrections [40 CFR 68.195]**

- |  |   |
|--|---|
| 1. If the owner or operator experienced an accidental release that met the five-year accident history reporting criteria (as described at 68.42) subsequent to April 9, 2004, did the owner or operator submit the information required at 68.168, 68.170(j) and 68.175(l) within six months of the release or by the time the RMP was updated as required at 68.190, whichever was earlier. [68.195(a)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 2. If the emergency contact information required at 68.160(b)(6) has changed since June 21, 2004, did the owner or operator submit corrected information within thirty days of the change? [68.195(b)]   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

**Total Unadjusted Penalty - \$1,350.00**



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY**

REGION 6

1445 ROSS AVENUE, SUITE 1200  
DALLAS, TX 75202-2733

**APR 20 2005**

Mr. Robert Durden, Safety Manager  
Akzo Nobel Surface Chemistry LLC  
Ft. Worth Plant  
611 E. Northside Drive  
Fort Worth, TX 76106

**Re:** EPA Facility ID# 1000 0003 8041

Dear Mr. Durden:

Enclosed is a copy of the Risk Management Plan Compliance Evaluation Inspection  
Report for the inspection conducted at your facility on March 23, 2005.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Bob Goodfellow", is positioned above the typed name.

Bob Goodfellow  
Response and Prevention Branch  
Region 6

Enclosure

APR 20 2005

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Region 6



Enclosure



U.S. Environmental Protection Agency  
Region 6  
1445 Ross Ave., Suite 1200  
Dallas, TX 75202-2733

## NOTICE OF INSPECTION

**REASON FOR INSPECTION:** This inspection is for the purpose of determining compliance with Section 112(r)(7) accidental release prevention requirements of the Clean Air Act, as amended 1990. The scope of this inspection may include, but is not limited to: reviewing and obtaining copies of documents and records; interviews and taking of statements; reviewing of chemical storage, handling, processing, and use; taking samples and photographs; and any other inspection activities necessary to determine compliance with the Act.

Facility Name: <b>Akzo Nobel Surface Chemistry LLC Ft Worth Plant</b>	<input checked="" type="checkbox"/> Private # of Employees: <b>48</b> Contractors/Others:	<input type="checkbox"/> Government/Municipal Population Served: <b>0</b>
Mailing Address: <b>611 E. Northside Dr Fort Worth, TX 76106</b>	Inspection Start Date and Time: <b>March 23, 2005 at 9:00 AM</b>	
Physical Address: <b>611 E. Northside Dr Fort Worth, TX 76106</b>	Inspection End Date and Time: <b>March 23, 2005 at 3:00 PM</b>	
E-Mail Address: <b>robert.durden@sc.akzonobel.com</b>	EPA Facility ID#: <b>1000-0003 8041</b>	
Responsible Official, Title, Phone Number: <b>Mr. Robert Durden, Safety Manager, (817) 887-6027</b>	Inspector Name(s), Title(s), Phone Number(s): <b>Bill Andrews, RMP Inspector (214) 665-6493</b>	
Facility Representative(s), Title(s), Phone Number(s): <b>Mr. Danny Sewell, Engineering Manager (817) 625-5140 Mr. John Piercy, Maintenance Manager (817) 625-1653</b>	Inspection Report Reviewer Signature  Date <b>4-18-05</b>	
Inspector Signature  Date <b>4-18-05</b>		

### Inspection Findings

IS FACILITY SUBJECT TO RMP REGULATION (40 CFR 68)?		<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
DID FACILITY SUBMIT AN RMP AS PROVIDED IN 68.150 TO 68.185? DATE RMP FILED WITH EPA: <b>6/15/1999</b>		<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
DATE OF LATEST RMP: <b>8/3/2005</b>			
1) PROCESS/NAICS CODE: <b>Soap and Other Detergent Mfg/325611</b>	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/>		
REGULATED SUBSTANCE: <b>Formaldehyde (solution)</b>	MAXIMUM QUANTITY IN PROCESS: <b>(b) (4)</b>		
2) PROCESS/NAICS CODE:	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
REGULATED SUBSTANCE:	MAXIMUM QUANTITY IN PROCESS: (lbs)		
3) PROCESS/NAICS CODE:	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
REGULATED SUBSTANCE:	MAXIMUM QUANTITY IN PROCESS: (lbs)		
4) PROCESS/NAICS CODE:	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
REGULATED SUBSTANCE:	MAXIMUM QUANTITY IN PROCESS: (lbs)		
5) PROCESS/NAICS CODE:	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
REGULATED SUBSTANCE:	MAXIMUM QUANTITY IN PROCESS: (lbs)		
DID THE FACILITY CORRECTLY ASSIGN PROGRAM LEVELS TO PROCESSES?		<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N

#### ATTACHED CHECKLIST(S):

☐ PROGRAM LEVEL 1 CHECKLIST

☐ PROGRAM LEVEL 2 CHECKLIST

☒ PROGRAM LEVEL 3 CHECKLIST

#### OTHER ATTACHMENTS:

#### COMMENTS:

THE PLANT USES A **(b) (4)** FORMALDEHYDE SOLUTION, WHICH FALLS UNDER THE **(b) (4)** TRIGGER REQUIRED BY OSHA FOR A PSM. WHILE THE COMPANY COULD BE INSPECTED AS A LEVEL 2, THEY HAVE CHOSEN TO BE INSPECTED AS IF THEY WERE A LEVEL 3.

PLANT MANAGER, RYAN D. ROARK (817) 887 6029, ATTENDED OPENING AND CLOSING MEETINGS, AS WELL AS 6 TO 8 MANAGEMENT/CLERICAL EMPLOYEES.

**RMP Program Level 3 Process Checklist**Facility Name: Akzo Nobel Surface Chemistry, FW, TX**Section A – Management [68.15]**

Management system developed and implemented as provided in 40 CFR 68.15?

☒S☐M☐U☐N/A

Comments:

Has the owner or operator:

1. Developed a management system to oversee the implementation of the risk management program elements? [68.15(a)]
2. Assigned a qualified person or position that has the overall responsibility for the development, implementation, and integration of the risk management program elements? [68.15(b)]
3. Documented other persons responsible for implementing individual requirements of the risk management program and defined the lines of authority through an organization chart or similar document? [68.15(c)]

☒Y ☐N ☐N/A☒Y ☐N ☐N/A☒Y ☐N ☐N/A**Section B: Hazard Assessment [68.20-68.42]**

Hazard assessment conducted and documented as provided in 40 CFR 68.20-68.42?

☒S☐M☐U☐N/A

Comments:

**Hazard Assessment: Offsite consequence analysis parameters [68.22]**

1. Used the following endpoints for offsite consequence analysis for a worst-case scenario: [68.22(a)]
  - ☒ For toxics: the endpoints provided in Appendix A of 40 CFR Part 68? [68.22(a)(1)]
  - ☐ For flammables: an explosion resulting in an overpressure of 1 psi? [68.22(a)(2)(i)]; or
  - ☐ For flammables: a fire resulting in a radiant heat/exposure of 5 kw/m<sup>2</sup> for 40 seconds? [68.22(a)(2)(ii)]
  - ☐ For flammables: a concentration resulting in a lower flammability limit, as provided in NFPA documents or other generally recognized sources? [68.22(a)(2)(iii)]
2. Used the following endpoints for offsite consequence analysis for an alternative release scenario: [68.22(a)]
  - ☒ For toxics: the endpoints provided in Appendix A of 40 CFR Part 68? [68.22(a)(1)]
  - ☐ For flammables: an explosion resulting in an overpressure of 1 psi? [68.22(a)(2)(i)]
  - ☐ For flammables: a fire resulting in a radiant heat/exposure of 5 kw/m<sup>2</sup> for 40 seconds? [68.22(a)(2)(ii)]
  - ☐ For flammables: a concentration resulting in a lower flammability limit, as provided in NFPA documents or other generally recognized sources? [68.22(a)(2)(iii)]
3. Used appropriate wind speeds and stability classes for the release analysis? [68.22(b)]
4. Used appropriate ambient temperature and humidity values for the release analysis? [68.22(c)] **used 51.5° C**
5. Used appropriate values for the height of the release for the release analysis? [68.22(d)]
6. Used appropriate surface roughness values for the release analysis? [68.22(e)]
7. Do tables and models, used for dispersion analysis of toxic substances, appropriately account for dense or neutrally buoyant gases? [68.22(f)]
8. Were liquids, other than gases liquefied by refrigeration only, considered to be released at the highest daily maximum temperature, based on data for the previous three years appropriate for a stationary source, or at process temperature, whichever is higher? [68.22(g)]

☒Y ☐N ☐N/A☒Y ☐N ☐N/A☒Y ☐N ☐N/A☒Y ☐N ☐N/A☒Y ☐N ☐N/A☒Y ☐N ☐N/A☒Y ☐N ☐N/A☒Y ☐N ☐N/A**Hazard Assessment: Worst-case release scenario analysis [68.25]**

9. Analyzed and reported in the RMP one worst-case release scenario estimated to create the greatest distance to an endpoint resulting from an accidental release of a regulated toxic substance from covered processes under worst-case conditions? [68.25(a)(2)(i)]

☒Y ☐N ☐N/A

**RMP Program Level 3 Process Checklist**
**Facility Name:** Akzo Nobel Surface Chemistry, FW, TX

10. Analyzed and reported in the RMP one worst-case release scenario estimated to create the greatest distance to an endpoint resulting from an accidental release of a regulated flammable substance from covered processes under worst-case conditions? [68.25(a)(2)(ii)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
11. Analyzed and reported in the RMP additional worst-case release scenarios for a hazard class if the worst-case release from another covered process at the stationary source potentially affects public receptors different from those potentially affected by the worst-case release scenario developed under 68.25(a)(2)(i) or 68.25(a)(2)(ii)? [68.25(a)(2)(iii)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
12. Has the owner or operator determined the worst-case release quantity to be the greater of the following: [68.25(b)] <input type="checkbox"/> If released from a vessel, the greatest amount held in a single vessel, taking into account administrative controls that limit the maximum quantity? [68.25(b)(1)] <input type="checkbox"/> If released from a pipe, the greatest amount held in the pipe, taking into account administrative controls that limit the maximum quantity? [68.25(b)(2)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
13.a. Has the owner or operator for <u>toxic substances</u> that are <u>normally gases</u> at <u>ambient temperature</u> and handled as a gas or liquid under pressure:			
13.a.(1) Assumed the whole quantity in the vessel or pipe would be released as a gas over 10 minutes? [68.25(c)(1)]	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N/A
13.a.(2) Assumed the release rate to be the total quantity divided by 10, if there are no passive mitigation systems in place? [68.25(c)(1)]	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N/A
13.b. Has the owner or operator for <u>toxic gases</u> handled as <u>refrigerated liquids</u> at <u>ambient pressure</u> :			
13.b.(1) Assumed the substance would be released as a gas in 10 minutes, if not contained by passive mitigation systems or if the contained pool would have a depth of 1 cm or less? [68.25(c)(2)(i)]	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
13.b.(2) [ Optional for owner / operator ] Assumed the quantity in the vessel or pipe would be spilled instantaneously to form a liquid pool, if the released substance would be contained by passive mitigation systems in a pool with a depth greater than 1 cm? [68.25(c)(2)(ii)]	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N/A
13.b.(3) Calculated the volatilization rate at the boiling point of the substance and at the conditions specified in 68.25(d)? [68.25(c)(2)(ii)]	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N/A
13.c. Has the owner or operator for <u>toxic substances</u> that are <u>normally liquids</u> at <u>ambient temperature</u> :			
13.c.(1) Assumed the quantity in the vessel or pipe would be spilled instantaneously to form a liquid pool? [68.25(d)(1)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
13.c.(2) Determined the surface area of the pool by assuming that the liquid spreads to 1 cm deep, if there is no passive mitigation system in place that would serve to contain the spill and limit the surface area, or if passive mitigation is in place, was the surface area of the contained liquid used to calculate the volatilization rate? [68.25(d)(1)(i)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
13.c.(3) Taken into account the actual surface characteristics, if the release would occur onto a surface that is not paved or smooth? [68.25(d)(1)(ii)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
13.c.(4) Determined the volatilization rate by accounting for the highest daily maximum temperature in the past three years, the temperature of the substance in the vessel, and the concentration of the substance if the liquid spilled is a mixture or solution? [68.25(d)(2)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
13.c.(5) Determined the rate of release to air from the volatilization rate of the liquid pool? [68.25(d)(3)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
13.c.(6) Determined the rate of release to air by using the methodology in the RMP Offsite Consequence Analysis Guidance, any other publicly available techniques that account for the modeling conditions and are recognized by industry as applicable as part of current practices, or proprietary models that account for the modeling conditions may be used provided the owner or operator allows the implementing agency access to the model and describes model features and differences from publicly available models to local emergency planners upon request? [68.25(d)(3)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
What modeling technique did the owner or operator use? [68.25(g)] <u>Evaporation Rate Equation from EPA</u>			



**RMP Program Level 3 Process Checklist**Facility Name: Akzo Nobel Surface Chemistry, FW, TX13.d. Has the owner or operator for flammables:

13.d.(1) Assumed the quantity in a vessel(s) of flammable gas held as a gas or liquid under pressure or refrigerated gas released to an undiked area vaporizes resulting in a vapor cloud explosion? [68.25(e)]

☐ Y ☐ N ☒ N/A

13.d.(2) For refrigerated gas released to a contained area or liquids released below their atmospheric boiling point, assumed the quantity volatilized in 10 minutes results in a vapor cloud? [68.25(f)]

☐ Y ☐ N ☒ N/A

13.d.(3) Assumed a yield factor of 10% of the available energy is released in the explosion for determining the distance to the explosion endpoint, if the model used is based on TNT-equivalent methods? [68.25(e)]

☐ Y ☐ N ☒ N/A

14. Used the parameters defined in 68.22 to determine distance to the endpoints? [68.25(g)]

☐ Y ☐ N ☒ N/A

15. Determined the rate of release to air by using the methodology in the RMP Offsite Consequence Analysis Guidance, any other publicly available techniques that account for the modeling conditions and are recognized by industry as applicable as part of current practices, or proprietary models that account for the modeling conditions may be used provided the owner or operator allows the implementing agency access to the model and describes model features and differences from publicly available models to local emergency planners upon request? [68.25(g)]

☒ Y ☐ N ☐ N/AWhat modeling technique did the owner or operator use? [68.25(g)] Evaporation Rate Equation from EPA

16. Ensured that the passive mitigation system, if considered, is capable of withstanding the release event triggering the scenario and will still function as intended? [68.25(h)]

☒ Y ☐ N ☐ N/A

17. Considered also the following factors in selecting the worst-case release scenarios: [68.25(i)]

☐ Y ☐ N ☒ N/A☐ Smaller quantities handled at higher process temperature or pressure? [68.25(i)(1)]☐ Proximity to the boundary of the stationary source? [68.25(i)(2)]**Hazard Assessment: Alternative release scenario analysis [68.28]**

18. Identified and analyzed at least one alternative release scenario for each regulated toxic substance held in a covered process(es) and at least one alternative release scenario to represent all flammable substances held in covered processes? [68.28(a)]

☒ Y ☐ N ☐ N/A

19. Selected a scenario: [68.28(b)]

☒ Y ☐ N ☐ N/A☒ That is more likely to occur than the worst-case release scenario under 68.25? [68.28(b)(1)(i)]☐ That will reach an endpoint off-site, unless no such scenario exists? [68.28(b)(1)(ii)]

20. Considered release scenarios which included, but are not limited to, the following: [68.28(b)(2)]

☒ Y ☐ N ☐ N/A☒ Transfer hose releases due to splits or sudden hose uncoupling? [68.28(b)(2)(i)]☒ Process piping releases from failures at flanges, joints, welds, valves and valve seals, and drains or bleeds? [68.28(b)(2)(ii)]☒ Process vessel or pump releases due to cracks, seal failure, or drain, bleed, or plug failure? [68.28(b)(2)(iii)]☒ Vessel overfilling and spill, or overpressurization and venting through relief valves or rupture disks? [68.28(b)(2)(iv)]☐ Shipping container mishandling and breakage or puncturing leading to a spill? [68.28(b)(2)(v)] **na**

21. Used the parameters defined in 68.22 to determine distance to the endpoints? [68.28(c)]

☒ Y ☐ N ☐ N/A

22. Determined the rate of release to air by using the methodology in the RMP Offsite Consequence Analysis Guidance, any other publicly available techniques that account for the modeling conditions and are recognized by industry as applicable as part of current practices, or proprietary models that account for the modeling conditions may be used provided the owner or operator allows the implementing agency access to the model and describes model features and differences from publicly available models to local emergency planners upon request? [68.28(c)]

☒ Y ☐ N ☐ N/AWhat modeling technique did the owner or operator use? [68.25(g)] Evaporation Rate Equation from EPA

**RMP Program Level 3 Process Checklist**Facility Name: Akzo Nobel Surface Chemistry, FW, TX

- |  |   |
|--|---|
| 23. Ensured that the passive and active mitigation systems, if considered, are capable of withstanding the release event triggering the scenario and will be functional? [68.28(d)]  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 24. Considered the following factors in selecting the alternative release scenarios: [68.28(e)]<br><input type="checkbox"/> The five-year accident history provided in 68.42? [68.28(e)(1)]<br><input checked="" type="checkbox"/> Failure scenarios identified under 68.50? [68.28(e)(2)] | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

**Hazard Assessment: Defining off-site impacts–Population [68.30]**

- |  |   |
|--|---|
| 25. Estimated population that would be included in the distance to the endpoint in the RMP based on a circle with the point of release at the center? [68.30(a)] <b>Landview</b> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 26. Identified the presence of institutions, parks and recreational areas, major commercial, office, and industrial buildings in the RMP? [68.30(b)]                             | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 27. Used most recent Census data, or other updated information to estimate the population? [68.30(c)]  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 28. Estimated the population to two significant digits? [68.30(d)]   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

**Hazard Assessment: Defining off-site impacts–Environment [68.33]**

- |   |   |
|---|---|
| 29. Identified environmental receptors that would be included in the distance to the endpoint based on a circle with the point of release at the center? [68.33(a)]   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 30. Relied on information provided on local U.S.G.S. maps, or on any data source containing U.S.G.S. data to identify environmental receptors? [Source may have used LandView to obtain information] [68.33(b)] | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

**Hazard Assessment: Review and update [68.36]**

- |   |   |
|---|---|
| 31. Reviewed and updated the off-site consequence analyses at least once every five years? [68.36(a)]   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 32. Completed a revised analysis and submit a revised RMP within six months of a change in processes, quantities stored or handled, or any other aspect that might reasonably be expected to increase or decrease the distance to the endpoint by a factor of two or more? [68.36(b)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

**Hazard Assessment: Documentation [68.39]**

- |   |   |
|---|---|
| 33. For worst-case scenarios: a description of the vessel or pipeline and substance selected, assumptions and parameters used, the rationale for selection, and anticipated effect of the administrative controls and passive mitigation on the release quantity and rate? [68.39(a)]       | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 34. For alternative release scenarios: a description of the scenarios identified, assumptions and parameters used, the rationale for the selection of specific scenarios, and anticipated effect of the administrative controls and mitigation on the release quantity and rate? [68.39(b)] | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 35. Documentation of estimated quantity released, release rate, and duration of release? [68.39(c)]   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 36. Methodology used to determine distance to endpoints? [68.39(d)]   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 37. Data used to estimate population and environmental receptors potentially affected? [68.39(e)]   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

**Hazard Assessment: Five-year accident history [68.42]**

- |  |   |
|--|---|
| 38. Has the owner or operator included all accidental releases from covered processes that resulted in deaths, injuries, or significant property damage on site, or known offsite deaths, injuries, evacuations, sheltering in place, property damage, or environmental damage? [68.42(a)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
|--|---|

**RMP Program Level 3 Process Checklist**Facility Name: Akzo Nobel Surface Chemistry, FW, TX

39. Has the owner or operator reported the following information for each accidental release: [68.42(b)]

☐ Y ☐ N ☒ N/A

- ☐ Date, time, and approximate duration of the release? [68.42(b)(1)]
- ☐ Chemical(s) released? [68.42(b)(2)]
- ☐ Estimated quantity released in pounds and percentage weight in a mixture (toxics)? [68.42(b)(3)]
- ☐ NAICS code for the process? [68.42(b)(4)]
- ☐ The type of release event and its source? [68.42(b)(5)]
- ☐ Weather conditions (if known)? [68.42(b)(6)]
- ☐ On-site impacts? [68.42(b)(7)]
- ☐ Known offsite impacts? [68.42(b)(8)]
- ☐ Initiating event and contributing factors (if known)? [68.42(b)(9)]
- ☐ Whether offsite responders were notified (if known)? [68.42(b)(10)]
- ☐ Operational or process changes that resulted from investigation of the release? [68.42(b)(11)]

**Section C: Prevention Program**

Implemented the Program 3 prevention requirements as provided in 40 CFR 68.65 - 68.87?

☐ S ☒ M ☐ U ☐ N/A

Comments:

**Prevention Program- Safety information [68.65]**

1. Has the owner or operator compiled written process safety information, which includes information pertaining to the hazards of the regulated substances used or produced by the process, information pertaining to the technology of the process, and information pertaining to the equipment in the process, before conducting any process hazard analysis required by the rule? [68.65(a)]

☒ Y ☐ N ☐ N/A

Does the process safety information contain the following for hazards of the substances: [68.65(b)]

- ☒ Material Safety Data Sheets (MSDS) that meet the requirements of the OSHA Hazard Communication Standard [29 CFR 1910.1200(g)]? [68.65(b)(1)]
- ☒ Toxicity information? [68.65(b)(1)]
- ☒ Permissible exposure limits? [68.65(b)(2)]
- ☒ Physical data? [68.65(b)(3)]
- ☒ Reactivity data? [68.65(b)(4)]
- ☒ Corrosivity data? [68.65(b)(5)]
- ☒ Thermal and chemical stability data? [68.65(b)(6)]
- ☒ Hazardous effects of inadvertent mixing of materials that could foreseeably occur? [68.65(b)(7)]

2. Has the owner documented information pertaining to technology of the process?

☐ Y ☒ N ☐ N/A

- ☒ A block flow diagram or simplified process flow diagram? [68.65(c)(1)(i)]
- ☒ Process chemistry? [68.65(c)(1)(ii)]
- ☒ Maximum intended inventory? [68.65(c)(1)(iii)]
- ☒ Safe upper and lower limits for such items as temperatures, pressures, flows, or compositions? [68.65(c)(1)(iv)]
- ☐ An evaluation of the consequences of deviation? [68.65(c)(1)(iv)] **see page 7, item #15**

**RMP Program Level 3 Process Checklist**Facility Name: Akzo Nobel Surface Chemistry, FW, TX

3. Does the process safety information contain the following for the equipment in the process: [68.65(d)(1)] <input checked="" type="checkbox"/> Materials of construction? [68.65(d)(1)(i)] <input checked="" type="checkbox"/> Piping and instrumentation diagrams [68.65(d)(1)(ii)] <input checked="" type="checkbox"/> Electrical classification? [68.65(d)(1)(iii)] <input checked="" type="checkbox"/> Relief system design and design basis? [68.65(d)(1)(iv)] <input checked="" type="checkbox"/> Ventilation system design? [68.65(d)(1)(v)] <input checked="" type="checkbox"/> Design codes and standards employed? [68.65(d)(1)(vi)] <input checked="" type="checkbox"/> Material and energy balances for processes built after June 21, 1999? [68.65(d)(1)(vii)] <input checked="" type="checkbox"/> Safety systems? [68.65(d)(1)(viii)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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4. Has the owner or operator documented that equipment complies with recognized and generally accepted good engineering practices? [68.65(d)(2)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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5. Has the owner or operator determined and documented that existing equipment, designed and constructed in accordance with codes, standards, or practices that are no longer in general use, is designed, maintained, inspected, tested, and operating in a safe manner? [68.65(d)(3)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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**Prevention Program- Process Hazard Analysis [68.67]**

6. Has the owner or operator performed an initial process hazard analysis (PHA), and has this analysis identified, evaluated, and controlled the hazards involved in the process? [68.67(a)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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7. Has the owner or operator determined and documented the priority order for conducting PHAs, and was it based on an appropriate rationale? [68.67(a)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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8. Has the owner used one or more of the following technologies to conduct process PHA: [68.67(b)] <input checked="" type="checkbox"/> What-if? [68.67(b)(1)] <input type="checkbox"/> Checklist? [68.67(b)(2)] <input type="checkbox"/> What-if/Checklist? [68.67(b)(3)] <input type="checkbox"/> Hazard and Operability Study (HAZOP) [68.67(b)(4)] <input type="checkbox"/> Failure Mode and Effects Analysis (FMEA) [68.67(b)(5)] <input type="checkbox"/> Fault Tree Analysis? [68.67(b)(6)] <input type="checkbox"/> An appropriate equivalent methodology? [68.67(b)(7)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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9. Did the PHA address: <input checked="" type="checkbox"/> The hazards of the process? [68.67(c)(1)] <input checked="" type="checkbox"/> Identification of any incident that had a likely potential for catastrophic consequences? [68.67(c)(2)] <input checked="" type="checkbox"/> Engineering and administrative controls applicable to hazards and interrelationships? [68.67(c)(3)] <input checked="" type="checkbox"/> Consequences of failure of engineering and administrative controls? [68.67(c)(4)] <input checked="" type="checkbox"/> Stationary source siting? [68.67(c)(5)] <input checked="" type="checkbox"/> Human factors? [68.67(c)(6)] <input checked="" type="checkbox"/> An evaluation of a range of the possible safety and health effects of failure of controls? [68.67(c)(7)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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10. Was the PHA performed by a team with expertise in engineering and process operations and did the team include appropriate personnel? [68.67(d)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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**RMP Program Level 3 Process Checklist**
**Facility Name:** Akzo Nobel Surface Chemistry, FW, TX

- |  |   |
|--|---|
| 11. Has the owner or operator established a system to promptly address the team's findings and recommendations; assured that the recommendations are resolved in a timely manner and documented; documented what actions are to be taken; completed actions as soon as possible; developed a written schedule of when these actions are to be completed; and communicated the actions to operating, maintenance, and other employees whose work assignments are in the process and who may be affected by the recommendations? [68.67(e)] <b>Plant could not provide documentation if the recommendations had been accepted or when /if they had been completed.</b> | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| 12. Has the PHA been updated and revalidated by a team every five years after the completion of the initial PHA to assure that the PHA is consistent with the current process? [68.67(f)]  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 13. Has the owner or operator retained PHAs and updates or revalidations for each process covered, as well as the resolution of recommendations for the life of the process? [68.67(g)]  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

**Prevention Program- Operating procedures [68.69]**

- |  |   |
|--|---|
| 14. Has the owner or operator developed and implemented written operating procedures that provide instructions or steps for conducting activities associated with each covered process consistent with the safety information? [68.69(a)]  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 15. Do the procedures address the following: [68.69(a)]<br><u>Steps for each operating phase: [68.69(a)(1)]</u><br><input checked="" type="checkbox"/> Initial Startup? [68.69(a)(1)(i)]<br><input checked="" type="checkbox"/> Normal operations? [68.69(a)(1)(ii)]<br><input checked="" type="checkbox"/> Temporary operations? [68.69(a)(1)(iii)]<br><input checked="" type="checkbox"/> Emergency shutdown including the conditions under which emergency shutdown is required, and the assignment of shutdown responsibility to qualified operators to ensure that emergency shutdown is executed in a safe and timely manner? [68.69(a)(1)(iv)]<br><input checked="" type="checkbox"/> Emergency operations? [68.69(a)(1)(v)]<br><input checked="" type="checkbox"/> Normal shutdown? [68.69(a)(1)(vi)]<br><input checked="" type="checkbox"/> Startup following a turnaround, or after emergency shutdown? [68.69(a)(1)(vii)]<br><u>Operating limits: [68.69(a)(2)]</u><br><input type="checkbox"/> Consequences of deviations [68.69(a)(2)(i)] <b>No documentation for deviation from limits establish by the SOP.</b><br><input type="checkbox"/> Steps required to correct or avoid deviation? [68.69(a)(2)(ii)] <b>No documentation to correct or avoid deviation from limits establish by the SOP.</b><br><u>Safety and health considerations: [68.69(a)(3)]</u><br><input checked="" type="checkbox"/> Properties of, and physical hazards presented by, the chemicals used in the process [68.69(a)(3)(i)]<br><input checked="" type="checkbox"/> Precautions necessary to prevent exposure, including engineering controls, administrative controls, and personal protective equipment? [68.69(a)(3)(ii)]<br><input checked="" type="checkbox"/> Control measures to be taken if physical contact or airborne exposure occurs? [68.69(a)(3)(iii)]<br><input checked="" type="checkbox"/> Quality control for raw materials and control of hazardous chemical inventory levels? [68.69(a)(3)(iv)]<br><input checked="" type="checkbox"/> Any special or unique hazards? [68.69(a)(3)(v)]<br><input checked="" type="checkbox"/> <u>Safety systems and their functions?</u> [68.69(a)(4)] | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| 16. Are operating procedures readily accessible to employees who are involved in a process? [68.69(b)]   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 17. Has the owner or operator certified annually that the operating procedures are current and accurate and that procedures have been reviewed as often as necessary? [68.69(c)]   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

**RMP Program Level 3 Process Checklist**Facility Name: Akzo Nobel Surface Chemistry, FW, TX

18. Has the owner or operator developed and implemented safe work practices to provide for the control of hazards during specific operations, such as lockout/tagout? [68.69(d)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
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**Prevention Program - Training [68.71]**

19. Has each employee involved in operating a process, and each employee before being involved in operating a newly assigned process, been initially trained in an overview of the process and in the operating procedures? [68.71(a)(1)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
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20. Did initial training include emphasis on safety and health hazards, emergency operations including shutdown, and safe work practices applicable to the employee's job tasks? [68.71(a)(1)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
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21. In lieu of initial training for those employees already involved in operating a process on June 21, 1999, an owner or operator may certify in writing that the employee has the required knowledge, skills, and abilities to safely carry out the duties and responsibilities as specified in the operating procedures [68.71(a)(2)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
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22. Has refresher training been provided at least every three years, or more often if necessary, to each employee involved in operating a process to assure that the employee understands and adheres to the current operating procedures of the process? [68.71(b)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
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23. Has owner or operator ascertained and documented in record that each employee involved in operating a process has received and understood the training required? [68.71(c)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
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24. Does the prepared record contain the identity of the employee, the date of the training, and the means used to verify that the employee understood the training? [68.71(c)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
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**Prevention Program - Mechanical Integrity [68.73]**

25. Has the owner or operator established and implemented written procedures to maintain the on-going integrity of the process equipment listed in 68.73(a)? [68.73(b)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
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26. Has the owner or operator trained each employee involved in maintaining the on-going integrity of process equipment? [68.73(c)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
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27. Performed inspections and tests on process equipment? [68.73(d)(1)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
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28. Followed recognized and generally accepted good engineering practices for inspections and testing procedures? [68.73(d)(2)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
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29. Ensured the frequency of inspections and tests of process equipment is consistent with applicable manufacturers' recommendations, good engineering practices, and prior operating experience? [68.73(d)(3)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
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30. Documented each inspection and test that had been performed on process equipment, which identifies the date of the inspection or test, the name of the person who performed the inspection or test, the serial number or other identifier of the equipment on which the inspection or test was performed, a description of the inspection or test performed, and the results of the inspection or test? [68.73(d)(4)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
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31. Corrected deficiencies in equipment that were outside acceptable limits defined by the process safety information before further use or in a safe and timely manner when necessary means were taken to assure safe operation? [68.73(e)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
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32. Assured that equipment as it was fabricated is suitable for the process application for which it will be used in the construction of new plants and equipment? [68.73(f)(1)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
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33. Performed appropriate checks and inspections to assure that equipment was installed properly and consistent with design specifications and the manufacturer's instructions? [68.73(f)(2)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
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34. Assured that maintenance materials, spare parts and equipment were suitable for the process application for which they would be used? [68.73(f)(3)]	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
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**RMP Program Level 3 Process Checklist**Facility Name: Akzo Nobel Surface Chemistry, FW, TX**Prevention Program - Management Of Change [68.75]**

- |  |   |
|--|---|
| 35. Has the owner or operator established and implemented written procedures to manage changes to process chemicals, technology, equipment, and procedures, and changes to stationary sources that affect a covered process? [68.75(a)]  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 36. Do procedures assure that the following considerations are addressed prior to any change: [68.75(b)]<br><input checked="" type="checkbox"/> The technical basis for the proposed change? [68.75(b)(1)]<br><input checked="" type="checkbox"/> Impact of change on safety and health? [68.75(b)(2)]<br><input checked="" type="checkbox"/> Modifications to operating procedures? [68.75(b)(3)]<br><input checked="" type="checkbox"/> Necessary time period for the change? [68.75(b)(4)]<br><input checked="" type="checkbox"/> Authorization requirements for the proposed change? [68.75(b)(5)] | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 37. Were employees, involved in operating a process and maintenance, and contract employees, whose job tasks would be affected by a change in the process, informed of, and trained in, the change prior to start-up of the process or affected parts of the process? [68.75(c)]   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 38. If a change resulted in a change in the process safety information, was such information updated accordingly? [68.75(d)]   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 39. If a change resulted in a change in the operating procedures or practices, had such procedures or practices been updated accordingly? [68.75(e)]   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

**Prevention Program - Pre-startup Safety Review [68.77]**

- |  |   |
|--|---|
| 40. If the facility installed a new stationary source, or significantly modified an existing source, (as discussed at 68.77(a)) did it perform a pre-startup safety review prior to the introduction of a regulated substance to a process to confirm: [68.77(b)]<br><input checked="" type="checkbox"/> Construction and equipment was in accordance with design specifications? [68.77(b)(1)]<br><input checked="" type="checkbox"/> Safety, operating, maintenance, and emergency procedures were in place and were adequate? [68.77(b)(2)]<br><input checked="" type="checkbox"/> For new stationary sources, a process hazard analysis had been performed and recommendations had been resolved or implemented before startup? [68.77(b)(3)]<br><input checked="" type="checkbox"/> Modified stationary sources meet the requirements contained in management of change? [68.77(b)(3)]<br><input checked="" type="checkbox"/> Training of each employee involved in operating a process had been completed? [68.77(b)(4)] | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
|--|---|

**Prevention Program - Compliance audits [68.79]**

- |  |   |
|--|---|
| 41. Has the owner or operator certified that the stationary source has evaluated compliance with the provisions of the prevention program at least every three years to verify that the developed procedures and practices are adequate and being followed? [68.79(a)] | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 42. Has the audit been conducted by at least one person knowledgeable in the process? [68.79(b)]   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 43. Are the audit findings documented in a report? [68.79(c)]  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 44. Has the owner or operator promptly determined and documented an appropriate response to each of the findings of the audit and documented that deficiencies had been corrected? [68.79(d)]  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 45. Has the owner or operator retained the two most recent compliance reports? [68.79(e)] <b>One completed Feb 2002.</b>   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

**Prevention Program - Incident investigation [68.81]**

- |   |   |
|---|---|
| 46. Has the owner or operator investigated each incident that resulted in, or could reasonably have resulted in a catastrophic release of a regulated substance? [68.81(a)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 47. Were all incident investigations initiated not later than 48 hours following the incident? [68.81(b)]   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

**RMP Program Level 3 Process Checklist**Facility Name: Akzo Nobel Surface Chemistry, FW, TX

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|--|---|
| 48. Was an accident investigation team established and did it consist of at least one person knowledgeable in the process involved, including a contract employee if the incident involved work of a contractor, and other persons with appropriate knowledge and experience to thoroughly investigate and analyze the incident? [68.81(c)]  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 49. Was a report prepared at the conclusion of every investigation? [68.81(d)]   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 50. Does every report include: [68.81(d)]<br><input type="checkbox"/> Date of incident? [68.81(d)(1)]<br><input type="checkbox"/> Date investigation began? [68.81(d)(2)]<br><input type="checkbox"/> A description of the incident? [68.81(d)(3)]<br><input type="checkbox"/> The factors that contributed to the incident? [68.81(d)(4)]<br><input type="checkbox"/> Any recommendations resulting from the investigation? [68.81(d)(5)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 51. Has the owner or operator established a system to address and resolve the report findings and recommendations, and are the resolutions and corrective actions documented? [68.81(e)]   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 52. Was the report reviewed with all affected personnel whose job tasks are relevant to the incident findings including contract employees where applicable? [68.81(f)]  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 53. Has the owner or operator retained incident investigation reports for at least five years? [68.81(g)]  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

**Section D - Employee Participation [68.83]**

- |   |   |
|---|---|
| 1. Has the owner or operator developed a written plan of action regarding the implementation of the employee participation required by this section? [68.83(a)]   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Has the owner or operator consulted with employees and their representatives on the conduct and development of process hazards analyses and on the development of the other elements of process safety management in chemical accident prevention provisions? [68.83(b)] | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Has the owner or operator provided to employees and their representatives access to process hazards analyses and to all other information required to be developed under the chemical accident prevention rule? [68.83(c)]   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

**Section E - Hot Work Permit [68.85]**

- |  |   |
|--|---|
| 1. Has the owner or operator issued a hot work permit for each hot work operation conducted on or near a covered process? [68.85(a)]   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Does the permit document that the fire prevention and protection requirements in 29CFR 1910.252(a) have been implemented prior to beginning the hot work operations? [68.85(b)] | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Does the permit indicate the date(s) authorized for hot work and the object(s) upon which hot work is to be performed? [68.85(b)]   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Are the permits being kept on file until completion of the hot work operations? [68.85(b)]  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

**Section F - Contractors [68.87]**

- |   |   |
|---|---|
| 1. Has the owner or operator obtained and evaluated information regarding the contract owner or operator's safety performance and programs when selecting a contractor? [68.87(b)(1)] | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Informed contract owner or operator of the known potential fire, explosion, or toxic release hazards related to the contractor's work and the process? [68.87(b)(2)]               | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Explained to the contract owner or operator the applicable provisions of the emergency response or the emergency action program? [68.87(b)(3)]                                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |



**RMP Program Level 3 Process Checklist**
**Facility Name:** Akzo Nobel Surface Chemistry, FW, TX

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|--|---|
| 4. Developed and implemented safe work practices consistent with §68.69(d), to control the entrance, presence, and exit of the contract owner or operator and contract employees in the covered process areas? [68.87(b)(4)] | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
|--|---|

**Section G - Emergency Response [68.90 - 68.95]**

- |   |  |
|---|--|
| Developed and implemented an emergency response program as provided in 40 CFR 68.90-68.95?<br>Comments: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A |
|---|--|

- |  |   |
|--|---|
| 1. Is the facility designated as a "first responder" in case of an accidental release of regulated substances? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
|--|---|

1.a. If the facility is not a first responder:

- |   |   |
|---|---|
| 1.a.(1) For stationary sources with any regulated substances held in a process above threshold quantities, is the source included in the community emergency response plan developed under 42 U.S.C. 11003? [68.90(b)(1)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
|---|---|

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|--|---|
| 1.a.(2) For stationary sources with only regulated flammable substances held in a process above threshold quantities, has the owner or operator coordinated response actions with the local fire department? [68.90(b)(2)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
|--|---|

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|---|---|
| 1.a.(3) Are appropriate mechanisms in place to notify emergency responders when there is need for a response? [68.90(b)(3)] | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
|---|---|

- |  |   |
|--|---|
| 2. An emergency response plan is maintained at the stationary source and contains the following? [68.95(a)(1)]<br><input checked="" type="checkbox"/> Procedures for informing the public and local emergency response agencies about accidental releases? [68.95(a)(1)(i)]<br><input checked="" type="checkbox"/> Documentation of proper first-aid and emergency medical treatment necessary to treat accidental human exposures? [68.95(a)(1)(ii)]<br><input checked="" type="checkbox"/> Procedures and measures for emergency response after an accidental release of a regulated substance? [68.95(a)(1)(iii)] | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
|--|---|

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|--|---|
| 3. The emergency response plan contains procedures for the use of emergency response equipment and for its inspection, testing, and maintenance? [68.95(a)(2)] <b>Third party testing.</b> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
|--|---|

- |  |   |
|--|---|
| 4. The emergency response plan requires, and there is documentation of, training for all employees in relevant procedures? [68.95(a)(3)] | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
|--|---|

- |  |   |
|--|---|
| 5. The owner or operator has developed and implemented procedures to review and update, as appropriate, the emergency response plan to reflect changes at the stationary source and ensure that employees are informed of changes? [68.95(a)(4)] | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
|--|---|

- |   |   |
|---|---|
| 6. Did the owner or operator use a written plan that complies with other Federal contingency plan regulations or is consistent with the approach in the National Response Team's Integrated Contingency Plan Guidance ("One Plan")? If so, does the plan include the elements provided in paragraph (a) of 68.95, and also complies with paragraph (c) of 68.95? [68.95(b)] | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
|---|---|

- |  |   |
|--|---|
| 7. Has the emergency response plan been coordinated with the community emergency response plan developed under EPCRA? [68.95(c)] | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
|--|---|

**Section H – Updates [40 CFR 68.190]**

1. Has the owner or operator reviewed and updated the RMP and submitted it to EPA [68.190(a)]?

Reason for update:

- ☒ Five-year update. [68.190(b)(1)]
- ☐ Within three years of a newly regulated substance listing. [68.190(b)(2)]
- ☐ At the time a newly regulated substance is first present in an already regulated process above threshold quantities. [68.190(b)(3)]
- ☐ At the time a regulated substance is first present in an already regulated process above threshold quantities. [68.190(b)(4)]
- ☐ Within six months of a change requiring revised PHA or hazard analysis. [68.190(b)(5)]
- ☐ Within six months of a change requiring a revised OCA as provided in 68.36. [68.190(b)(6)]
- ☐ Within six months of a change that alters the Program level that applies to any covered process. [68.190(b)(7)]

☒ Y ☐ N ☐ N/A**Section I – Required Corrections [40 CFR 68.195]**

1. If the owner or operator experienced an accidental release that met the five-year accident history reporting criteria (as described at 68.42) subsequent to April 9, 2004, did the owner or operator submit the information required at 68.168, 68.170(j) and 68.175(l) within six months of the release or by the time the RMP was updated as required at 68.190, whichever was earlier. [68.195(a)]

☐ Y ☐ N ☒ N/A

2. If the emergency contact information required at 68.160(b)(6) has changed since June 21, 2004, did the owner or operator submit corrected information within thirty days of the change? [68.195(b)]

☐ Y ☐ N ☒ N/A

## FY 2004 Inspection Conclusion Data Sheet (ICDS) Form for ICIS Reporting

- \* Data elements required to be completed for the ICIS system
  - \*\* Data elements required for Inspection Conclusion Data Sheet reporting
- Data elements that do not have asterisks are optional

### *For Data Entry Staff Use Only*

- Date information is Entered into ICIC (mm/dd/year):

EPA Inspector Name: Bill Andrews

EPA Inspector Phone: (214) 665-6493

### THIS FORM MIRRORS THE FORMAT OF THE ICIS DATA ELEMENTS

1. \*Compliance Activity Type: Compliance Inspection
2. \*Compliance Monitoring Activity Name: Akzo Nobel Surface Chemistry LLC (Not a Small Business)
3. Compliance Monitoring Type: CAA 112(r)(7) Inspection (i.e. Site Visit)
4. \*Region: 6
5. \*Facility's Name and Location: Akzo Nobel Surface Chemistry LLC - Fort Worth, TX
6. Planned Start: (mm dd,yyyy)
7. Planned End: (mm dd, yyyy)
8. \*\*Actual Start: 3/23/2005 (mm dd, yyyy)
9. \*\*Actual End: 3/23/2005 (mm dd, yyyy)
10. \*Federal Statutes: CAA
11. \*Sections: CAA 112(r)(7) Prevention of Accidental Release/Risk Management Plans
12. \*\*Citations: 40 CFR Part 68
13. \*Programs: No Entry Needed
14. \*\*SIC (4-Digit) \_ or NAICS Code (5-Digit) 325611
15. Media Monitored: None
16. \*Compliance Monitoring Action Reason:  
Agency Priority ☐ Citizen Complaint/Tip ☐ Core Program ☒  
Selected Monitoring Action ☐ Random Evaluation or Inspection ☐
17. \*Compliance Monitoring Agency Type: EPA
18. If State, local or Tribal lead, did EPA assist: Does not apply to ICDS activity. Leave Box Blank
19. Number of days physically conducting the activity: 1

20. Number of hours physically conducting the activity: 06:00

21. Compliance Monitoring Action Outcome: Check *one* (if known at the time of the activity)

Administrative ☐ Immediately Corrected ☐ Judicial ☐ No Violation ☐  
No Compliance Monitoring (access denied) ☐ No Compliance Monitoring (facility closed) ☐  
Not Immediately Corrected ☒ Notice of Determination ☐ Under Review ☐ Withdrawn ☐

22. MOA Priorities: (Circle only one that applies from the following)

23. Regional Priorities: EPCRA and CAA Section 112(r) Accident History by Facility

24. **\*\*Did you observe deficiencies (Potential violations) during the on-site inspection?** Yes ☒ No ☐

**\*\*If you observed deficiencies, did you communicate them to the facility during the inspection?**

Yes ☒ No ☐

**\*\*If deficiencies were observed, select one or more of the following:**

- ☐ Potential violation of a compliance schedule in an enforceable order
- ☒ Potential failure to maintain a record or failure to disclose a document
- ☐ Potential failure to maintain/inspect/repair equipment, including meters, sensors and recording equipment
- ☐ Potential failure to complete or submit a notification, report, certification or manifest
- ☐ Potential failure to obtain a permit, product approval, or certification
- ☐ Potential failure to follow a required sampling or monitoring procedure or laboratory procedure
- ☐ Potential failure to follow or develop a required management practice or procedure
- ☐ Potential failure to identify and manage a regulated waste or pollutant in any media
- ☐ Potential failure to report regulated events, such as spills, accidents, etc
- ☐ Potential incorrect use of a material (e.g. pesticide, waste product) or use of improper/unapproved material
- ☐ Potential failure to follow a permit condition
- ☐ Potential excess emission in violation of a regulation

25. **\*\*Did you observe or see the facility take any actions during the inspection to address the deficiencies communicated to the facility?** Yes ☐ No ☒

If yes, check only the action(s) actually observed/seen and/or write a short description of the action in the "Optional" section. (Check all of the actions that apply)

**Action(s) Taken:**

- ☐ Complete(d) a Notification or Report
- ☐ Correct(ed) Monitoring Deficiencies
- ☐ Correct(ed) Record Keeping Deficiencies
- ☐ Implemented New or Improved Management Practices or Procedures
- ☐ Improved Pollutant Identification (e.g., Labeling, Manifesting, Storage, etc)
- ☐ Reduced Pollution (e.g., Use Reduction, Industrial Process Change, Emissions or Discharge Change, etc)
- ☐ Requested a Permit Application or Applied for a Permit
- ☐ Verified Compliance with Previously Issued Enforcement Action – Part or All Conditions

*The following common air or water pollutants should only be checked if the "Reduced Pollution" action was checked.*

Water: Ammonia ☐, BOD ☐, COD ☐, TSS ☐, O&G ☐, Total Coliform ☐, D.O. ☐, Metals V, Cyanide ☐  
Other:

Air: NOx ☐, SO2 ☐, PM ☐, VOC ☐, Metals ☐, HAPs ☐, CO ☐  
Other:

26. **Did you provide general compliance assistance in accordance with the policy on the Role of the EPA Inspector in Providing Compliance Assistance During Inspection?** Yes ☐ No ☐

**27. Did you provide site-specific compliance assistance in accordance with the policy on the Role of the EPA Inspector in Providing Compliance Assistance During Inspections?** Yes ☐ No ☐

**Note:** This form does not require EPA inspectors to provide compliance assistance.

**Optional Information:** (Describe actions taken by the facility or assistance provided to the facility)